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| DCYF Logo Single Color Black_Logo Black and White | LICENSING DIVISION (LD)**Foster Home Reassessment** |
| **[ ]**  Renewal **[ ]**  Change of Circumstance |
| COMPLETED BY | DATE |
| NAME ON LICENSE |
| CURRENT ADDRESS CITY STATE ZIP CODE |
| MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE |
| DATE CURRENT LICENSE EXPIRES | CAPACITY | AGE |
| Length of time foster parent(s) has been licensed:  |
| YES NO1.Is the foster parent(s) planning on adopting an identified child within the next twelve months? [ ]  [ ]  If applicable, has an Assessment Supervisor/Regional Licensor been notified? [ ]  [ ]  |
| YES NO2. Have there been any changes in: a. Family composition [ ]  [ ]  If yes, provide details:  |

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| b. Health of any family member [ ]  [ ] If yes, provide details: |

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| c. Mental health of any family member [ ]  [ ]  If yes, provide details: |

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| d. Family income [ ]  [ ]  If yes, provide details: |

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| e. Physical structure of the home [ ]  [ ]  If yes, provide details: |

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| f. Marital / partner status [ ]  [ ]   If yes, provide details: |

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|  YES NO  3. Has anyone on the property had problems with drugs and/or alcohol during the last licensing period? [ ]  [ ]   If yes, provide details: |

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|  YES NO  4. Has anyone on the property been arrested during the last licensing period? [ ]  [ ]   If yes, provide details: |

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|  YES NO  5. Did the foster parent(s) have any LD/CPS intakes in the last licensing period? [ ]  [ ]   If yes, fill in chart below: |

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| Date: |  | Intake # |  |
| Related Allegation |  | Outcome |  |
| Related WAC # | 110-148- | Outcome |  |

*Copy and paste rows above as needed*

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| Comment:  |

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|  YES NO  6. Did the foster parent(s) have any LD/Non-CPS intakes in the last licensing period? [ ]  [ ]   (Do not include screened out intakes) If yes, fill in chart below: |

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| Date: |  | Intake # |  |
| Related WAC # | 110-148- | Outcome |  |

*Copy and paste rows above as needed*

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| Comment:  |

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| 7. Describe any Administrative Approvals, Waivers, or Non-Safety Exemptions during the last licensing period:  |

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| 8. Describe the home, including the number of bedrooms, designated beds for placements, sleeping arrangements, and play area(s): |

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| 9. Describe any hazards on the property and how they are mitigated, including supervision plans: |

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| 10. Describe any household pets: |

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| 11. Describe child care plan for child(ren) in placement (even if there has been no change): |

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|  YES NO  12. Has the foster parent(s) completed the mandatory 24 hours of training hours? [ ]  [ ]  How many training hours are carried over to the next licensing period? How many training hours are still needed to be completed?  YES NO  An individual in-service training plan has been created with the foster parent(s) for the next licensing period [ ]  [ ]   |
| 13. Describe how the foster parent(s) disciplines children in the home:  |

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| 14. Describe how the foster parent(s) has/will support a child’s religion/spirituality and cultural needs. Please include how they support a child and/or youth’s sexual orientation, gender identity, gender expression (SOGIE), and those who identify as LGBTQIA+:  |

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| 15. Describe how the foster parent(s) develops and maintains connections with a child’s birth and/or legal family: |

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| 16. Describe the foster parent’s(s’) experience, including the impact on the family and challenges with any of the children in the home:  |

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| 17. What suggestions does the foster parent(s) have for program improvement? |

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| 18. Foster parent’s(s’) description of their strengths, limitations, and any assistance desired or needed:  |

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| 19. Describe the preferred number and age range of children the foster parent(s) would like to provide care for: |

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| 20. Caseworker Comments: Caseworker Name: Role: |

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| Comment:  |

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| Caseworker Name: Role: |

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| Caseworker Name: Role: |

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| Comment:  |

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| Caseworker Name: Role: |

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| Comment:  |

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| 21. Licensor’s evaluation (e.g. strengths, limitations) of the family and recommendation for future licensing: |

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| **Recommendation to License** |
| The applicant(s) and the home meet or exceed the minimum licensing requirements (WAC 110-148) for licensure as a Family Foster Home.I recommend licensing for:(Child/Children) ages  through For the period of:  to and including  |
| **Signatures** |
| LD/CPA STAFF NAME | LD/CPA SUPERVISOR NAME |
| LD/CPA STAFF SIGNATURE | DATE | LD/CPA SUPERVISOR SIGNATURE | DATE |