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| COMPLETED BY | DATE |
| NAME ON LICENSE |
| CURRENT ADDRESS CITY STATE ZIP CODE |
| PREVIOUS 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:  |

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|  | **Yes** | **No** |
| 1.Is thefoster parent(s) planning on adopting an identified child within the next twelve months? | [ ]  | [ ]  |
|  If applicable, has an Assessment Supervisor/Regional Licensor been notified?  | [ ]  | [ ]  |
| 2. Have there been any changes in: |  |  |
| 1. Family composition
 | [ ]  | [ ]  |
|  If yes, provide details:  |  |  |
| 1. Health of any family member
 | [ ]  | [ ]  |
| If yes, provide details:  |  |  |
| 1. Mental health of any family member
 | [ ]  | [ ]  |
| If yes, provide details:  |  |  |
| 1. Family income
 | [ ]  | [ ]  |
| If yes, provide details:       |  |  |

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| 3. Describe the home, including the number of bedrooms, designated beds for placements, sleeping arrangements,  and play area(s): |
| 4. Describe any hazards on the property and how they are mitigated, including supervision plans: |
| 5. Describe any change in household pets or any new pets: |
| 6. Describe child care plan for child(ren) in placement (even if there has been no change):   |
| 7. Describe the preferred capacity (number and age range) of children the foster parent(s) would like to provide care for: |

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| 8. Licensor’s evaluation (e.g. strengths, limitations) of the family and recommendation for future licensing: |
| **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(ren) age(s)       through       yearsFor the period of: Click for date.to and including Click for date. |

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| **Signatures** |
| LD/CPA STAFF NAME | LD/CPA SUPERVISOR NAME |
| LD/CPA STAFF SIGNATURE DATE  | LD/CPA SUPERVISOR SIGNATURE DATE |