



## Unlicensed Caregiver Placement Checklist

(RCW 74.15.020(2)(I-IV))

NAME OF FAMILY		DATE OF PLACEMENT
NAME OF CHILD		
The placing worker is responsible for completion of all the following requirements within 72 hours of original placement date. (OPD).		
<b>DATE COMPLETED</b>	<b>PRIOR TO PLACEMENT</b>	
	Identify relatives and suitable person placements immediately when children or youth are placed in out-of-home care, with relatives or suitable person being the preferred placement.	
	Complete Placement Care and Authority and enters legal status.	
	Reviews FamLink for Child abuse and neglect history related to child safety. Child abuse and neglect check in other states when applicable.	
	Call Background Check Unit (BCU) for required background checks per policy <a href="#">6800 Background Checks</a> on all persons 16 or older living in the home. (All placements)	
	Discuss, identify, and address any immediate needs with the caregiver that could be barriers to placement.	
	Review known information about the child with the caregiver and identify any questions and resources to help the caregiver meet the child's special needs (i.e. medical, emotional, psychological, cultural).	
	Complete a walkthrough of home assessing for physical safety using <a href="#">Home Inspection Checklist (Kinship) DCYF 10-453</a> ;	
<b>AT PLACEMENT</b>		
	Complete and reviews <a href="#">Placement Agreement DCYF 15-281</a> , including a discussion about the Initial License, with the caregiver; and the <a href="#">Unlicensed Caregiver Placement Checklist DCYF 15-280</a> .	
	Provide <a href="#">placement packet</a> , including the <a href="#">Child Information and Placement Referral DCYF 15-300</a> , and information on resources for immediate needs, including the option to apply for and collect TANF until the Foster Care Reimbursement is received.	
	Provide a copy of <a href="#">Kinship Care: Relatives and Suitable Others Publication-0073</a>	
	Review and provide information on: <ul style="list-style-type: none"> <li>a. Initial Licensing,</li> <li>b. TANF, and</li> <li>c. Other resources</li> </ul>	
	Review and provide information on: <ul style="list-style-type: none"> <li>• Medical coverage</li> <li>• <a href="#">Training Opportunities</a></li> <li>• Right to be heard at courts <a href="#">Caregiver's Report to the Court</a></li> </ul>	
	Advise caregiver of the Child Health and Education Tracking (CHET)	
	Advise caregivers to: <ul style="list-style-type: none"> <li>• Schedule an Early &amp; Periodic Screening, Diagnosis &amp; Treatment (EPSDT) exam.</li> <li>• Schedule a dental exam (if child has not had one in the previous 6 months)</li> </ul>	
	Provide caregiver with items necessary to address immediate needs for child.	
<b>POST-PLACEMENT</b>		
	Notify NCIC that the placement has or has not occurred. <ul style="list-style-type: none"> <li>a. If placement has not occurred, the process for this Kinship Caregiver ends.</li> </ul>	

	b. If placement has occurred, provides NCIC the additional needed information found in the end of this form.
	Upload the following signed forms in FamLink under case work, file upload, document: a. Placement Agreement DCYF 15-281, Name the document: "Placement Agreement -XX-XX-XX" (date of inspection). Home Inspection Checklist (Kinship) DCYF 10-453. Names the document: "Home Inspection - Xx-XX-XX" (date of inspection).
	Complete BAF and provide to BCU
Comments	
NAME OF PLACING WORKER	DATE COMPLETED

## Unlicensed Caregiver Placement Checklist

(RCW 74.15.020(2)(I-IV))

**Confidential**

### Instructions

- This information is needed for placement to be entered into FamLink. Please provide this information to NCIC.
- If the code x is not approved, the caseworker is notified by email, and this process ends. The caseworker can still submit non-emergent background check requests).
- If the Code X is approved, the caseworker is notified by phone and email and provided with next steps.
- IMPORTANT:** If placement is occurring, enter Placement Care and Authority and legal status.
- If the placement is occurring, please send the information on this form to NCIC by responding directly to this email.
- If placement is not occurring as the information below will not be needed and the applicant will not have to complete the fingerprint check.

NAME OF CHILD(REN) (Complete per placement – multiple children can be included on one document).		PLACEMENT TYPE Relative Suitable Person	DATE OF PLACEMENT	
Is the placement occurring in the next 24 hours?  Yes    No	Names of children being placed together:	CASE #	REMOVAL DATE:	
Reason for removal: Physical Abuse Sexual Abuse Neglect Caregiver's Alcohol Abuse Caregiver's Drug Abuser Child's Alcohol Abuse Child's Drug Abuser Extended Foster Care	(Check all that apply) Inadequate Housing Child Behavior Problem Child's Disability Incarceration of Caregiver(s) Death of Caregiver(s) Caregiver's Inability to Cope Abandonment Relinquishment (Safety of Newborn Child Act)	Manner of Removal: Court Ordered Temporary Physical Custody VPA Other	FAMLINK #	REGION/OFFICE
Primary Caregiver's Information				
Who is the primary caregiver? Full name		Social Security Number	Tribal Affiliation	
Primary caregiver Alias names (maiden names, birth names, nicknames, etc.)		Email Address:	Telephone Number (Primary)	
Date of Birth	Race	Gender M/F/X	Marital Status Single Married	Divorced Other:
Address of Placement		Have you resided in Washington State consecutively for the past 5 years?    Yes    No If no, please list the city, state and years you lived in another state.		

The relationship of caregiver to the child: Maternal    Paternal    Other:		Limited English Proficient:    Yes    No Primary Language:		Verify Driver's License or State ID Yes    No	
<b>All other persons living in the home age 16+ and older.</b> (Use additional paper if needed for others 16+ in the home).					
Full Legal Name		Alias names (maiden names, birth names, nicknames, etc)		Tribal Affiliation	Completed BAF Yes    No
Date of Birth	Race	Gender M/F/X	Social Security Number	Marital Status Single Married	Divorced Other:
Verify Driver's License or State ID Yes    No		Email Address:		Telephone Number	
The relationship of caregiver to the child: Maternal    Paternal Other:		Have you resided in Washington State consecutively for the past 5 years? If no, please list the city, state and years you lived in another state.		Yes	No
Full Legal Name		Alias names (maiden names, birth names, nicknames, etc)		Tribal Affiliation	Completed BAF Yes    No
Date of Birth	Race	Gender M/F/X	Social Security Number	Marital Status Single Married	Divorced Other:
Verify Driver's License or State ID Yes    No		Email Address:		Telephone Number	
The relationship of caregiver to the child: Maternal    Paternal Other:		Have you resided in Washington State consecutively for the past 5 years? If no, please list the city, state and years you lived in another state.		Yes	No
Full Legal Name		Alias names (maiden names, birth names, nicknames, etc)		Tribal Affiliation	Completed BAF Yes    No
Date of Birth	Race	Gender M/F/X	Social Security Number	Marital Status Single Married	Divorced Other:
Verify Driver's License or State ID Yes    No		Email Address:		Telephone Number	
The relationship of caregiver to the child: Maternal    Paternal Other:		Have you resided in Washington State consecutively for the past 5 years? If no, please list the city, state and years you lived in another state.		Yes	No

Full Legal Name		Alias names (maiden names, birth names, nicknames, etc)		Tribal Affiliation		Completed BAF Yes No	
Date of Birth	Race	Gender M/F/X	Social Security Number	Marital Status Single Married	Divorced Other:		
Verify Driver's License or State ID Yes No		Email Address:		Telephone Number			
The relationship of caregiver to the child: Maternal Paternal Other:			Have you resided in Washington State consecutively for the past 5 years? Yes No If no, please list the city, state and years you lived in another state.				

Does the caregiver, or anyone residing in the home, have any behaviors, conditions, or limitations, which would affect the health and safety of the child? Yes No	
Explain:	
Comments/Concerns which might affect suitability of placement:	
WHO PROVIDED THIS INFORMATION: Birth Mother Birth Father Other Relative: Other Suitable Person:	CASE WORKER'S SIGNATURE

EMERGENCY CONTACT INFORMATION					
<b>In State:</b>	CONTACT NAME		NAME OF COUNTY		
ADDRESS		CITY		STATE	ZIP CODE
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS		
<b>Out of State:</b>	CONTACT NAME		NAME OF COUNTY		
ADDRESS		CITY		STATE	ZIP CODE
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS		