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| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | LICENSING DIVISION (LD)  **File Checklist (Certified Respite)** | | |
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| APPLICANT / PROVIDER NAME | | PROVIDER NUMBER | |
| **I have verified the following requirements:** | | | |
| Applicant is at least 18 years of age. | | | |
| Government-issued photo identification (driver’s license, if transporting children). | | | |
| TB screening (including negative TB test or documentation from a licensed medical provider where indicated). | | | |
| Vehicle insurance, if transporting children. | | | Yes  N/A |
| Training related to unique needs (e.g. “Caregiving for Children With Physically Aggressive Behavior Concerns,” and “Caregiving for Children With Sexual Behavior Concerns”). | | | Yes  N/A  Other |
| Vaccine Exemption (DCYF 15-455) if indicated per DCYF 15-822A Vaccination Agreements. | | | Yes  N/A  Other |
| Open investigations. | | | None  Other |
| **Additional Comments** | | | |

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