



Respite Provider Checklist

This form is used when approving an individual to provide respite care in a licensed foster home.

PROVIDER(S)		FAMLINK PROVIDER NUMBER	LICENSOR
REQUIRED OF APPLICANT	APPLICANT	COMMENTS	
Respite Application DCYF 14-512			
Applicant is at least 18 years of age	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Valid driver's license, if transporting children	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Expiration Date		
Vehicle Insurance expires			
Background authorization DSHS 09-065			
Background Check Summary DCYF 27-131			
FamLink Check			
CA/N check other state if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
TB Test			
HIV/AIDS/BBP Training			
CPR Adult/Infant Expires			
Policy Agreement DCYF 14-510			
SAY/PAAY training if providing care to children with these behaviors			
Interview			
References DCYF 10-425	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
COMPLETED BY:			DATE
REVIEWED BY:			DATE