



CHILDREN'S ADMINISTRATION
**Certification for License of
 Foster Home**

<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amend / Modify	
DATE OF REASSESSMENT	EFFECTIVE DATE OF LICENSE

The _____ of _____ Washington,

 NAME OF PRIVATE AGENCY
 recommends that a foster home license be issued to:

NAME, LAST, FIRST, MI		NAME, LAST, FIRST, MI	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
RACE	DATE BACKGROUND CHECK CLEARED	RACE	DATE BACKGROUND CHECK CLEARED
STREET ADDRESS		CITY	STATE ZIP CODE

for the following care of children:

TYPE OF CARE Full time foster care	NUMBER IN CARE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE OF FOSTER CHILDREN from _____ to _____ years
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If any of "own" children in home are handicapped, briefly describe specifics on reverse side of this card.

MAILING ADDRESS	CITY	STATE	ZIP CODE
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A change of agencies requires relicensing. Name previous agency:

List of **all** other persons living in home.

NAME	BIRTHDATE	RELATIONSHIP	BACKGROUND CHECK CLEARED

COMMENTS

Orientation completed on _____ Pre-Service completed on _____

DATE APPLICATION RECEIVED	DATE OF HOME VISIT	DATE HOME STUDY / REASSESSMENT COMPLETED
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- I hereby certify the home complies with minimum licensing requirements for foster homes.
 - This certification and/or home requires a waiver to WAC 388-148-_____ in order to meet all minimum licensing requirements; Request for Waiver attached.
 - First Aid and CPR completed and current for both applicants' expires on _____
 - HIV / AIDS / BBP Training completed on _____
- Providers Taking Placement of a Child Under the Age of Two Years:**
- Tdap is required for all household members when taking placements under two years of age; dates completed _____
 - DTaP is required for all household members ages 0 – 6 years; dates completed _____
 - Influenza immunizations for all household members ages six (6) months and above _____

LICENSOR'S SIGNATURE	DATE	PRINT NAME HERE
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