

	Date Application Received (For Office Use Only)	
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Lummi Child Welfare
2665 Kwina Road, Bellingham WA
Phone: (360) 384-2324 Fax: (360)384-2341

Foster Care License Application

CHECK ALL THAT APPLY
 New Foster Care License Renewal Foster Care License Relative Care

PRIMARY APPLICANT INFORMATION				CO-APPLICANT INFORMATION			
NAME (Last, First Middle):				NAME (Last, First, Middle):			
MAIDEN NAME (All Former Names or Aliases):				MAIDEN NAME (All Former Names or Aliases):			
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other	
U.S CITIZEN: <input type="checkbox"/> Yes <input type="checkbox"/> No		EDUCATION (Highest Grade Completed):		U.S CITIZEN: <input type="checkbox"/> Yes <input type="checkbox"/> No		EDUCATION (Highest Grade Completed):	
ARE YOU ENROLLED WITH A FEDERALLY RECOGNIZED TRIBE OR FIRST NATION?			<input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU ENROLLED WITH A FEDERALLY RECOGNIZED TRIBE OR FIRST NATION?			<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, WHAT TRIBE?		ENROLLMENT NUMBER:		IF YES, WHAT TRIBE?		ENROLLMENT NUMBER:	
OCCUPATION:		YEARLY INCOME (Gross):		OCCUPATION:		YEARLY INCOME (Gross):	
PRIMARY LANGUAGE:		OTHER LANGUAGES:		PRIMARY LANGUAGE:		OTHER LANGUAGES:	
PHONE:	HOME:			PHONE:	HOME:		
	CELL:				CELL:		
E-MAIL ADDRESS:				E-MAIL ADDRESS:			
STREET ADDRESS:		APARTMENT/UNIT NUMBER:		STREET ADDRESS:		APARTMENT/UNIT NUMBER:	
CITY:		STATE:	ZIPCODE:	CITY:		STATE:	ZIPCODE:
MAILING ADDRESS (If Applicable):			ZIPCODE:	MAILING ADDRESS (If Applicable):			ZIPCODE:
NUMBER OF YEARS AT CURRENT ADDRESS?				NUMBER OF YEARS AT CURRENT ADDRESS?			
IF LESS THAN FIVE YEARS, PLEASE LIST PREVIOUS ADDRESSES FOR THE LAST FIVE YEARS:				IF LESS THAN FIVE YEARS, PLEASE LIST PREVIOUS ADDRESSES FOR THE LAST FIVE YEARS:			
CITY:		STATE:	DATES: FROM-TO	CITY:		STATE:	DATES: FROM-TO
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No				HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, PLEASE EXPLAIN:				IF YES, PLEASE EXPLAIN:			

PLACEMENT PREFERENCE			
<input type="checkbox"/> NO PREFERENCE OR:	NUMBER:	FROM AGE:	UP TO AGE:
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either		<input type="checkbox"/> Prefer Only Relatives <input type="checkbox"/> Open To No-Relatives	
SPECIFIC CHILD(REN):		RELATIONSHIP TO CHILD(REN):	
HOUSEHOLD RESIDENTS			
OTHER PERSONS LIVING IN THE HOUSEHOLD (Include self, children, and other household members). ATTACH ADDITIONAL SHEET IF NEEDED:			
NAME (First, Last)	SEX (M/F)	BIRTHDATE	RELATIONSHIP TO APPLICANT(S)
DOES ANYONE ELSE LIVE ON YOUR PROPERTY? If yes, please list them bellow: <input type="checkbox"/> Yes <input type="checkbox"/> No			
NAME (First, Last)	SEX (M/F)	BIRTHDATE	RELATIONSHIP TO APPLICANT(S)
CURRENT AND/OR PREVIOUS EMPLOYMENT			
<u>PRIMARY APPLICANT</u>			
COMPANY:			
ADDRESS:		PHONE NUMBER:	
JOB TITLE:		SUPERVISOR:	
SALARY \$		WORK SHIFT:	
<u>CO-APPLICANT</u>			
COMPANY:			
ADDRESS:		PHONE NUMBER:	
JOB TITLE:		SUPERVISOR:	
SALARY \$		WORKSHIFT:	
REFERENCES			
<i>Please list character references including two personal and at least one professional reference. Attach list of persons of significant relationships and all adult children.</i>			
FULL NAME:		RELATIONSHIP:	
PHONE:			
FULL NAME:		RELATIONSHIP:	
PHONE:			
FULL NAME:		RELATIONSHIP:	
PHONE:			
ADDITIONAL INFORMATION			
NEAREST HOSPITAL:			
SCHOOL DISTRICT RESIDENCE:			
ELEMENTARY:	MIDDLE/JR. HIGH SCHOOL:	HIGH SCHOOL:	

ADDITIONAL INFORMATION CONT.		
<i>Please answer the following questions (Note: Answering "yes" does not necessarily disqualify an applicant or home for licensing)</i>		
	PRIMARY APPLICANT	CO-APPLICANT
FOR THOSE IN THE HOUSEHOLD THAT DRIVE:		
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any restrictions on your license? If yes, what?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have automobile liability/medical insurance? (please attach a copy of insurance coverage with expiration date)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAS APPLICANT OR ANY OTHER HOUSEHOLD MEMBER:		
Had a serious injury, illness or hospitalization during the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have a history of mental or physical limitations or is currently taking medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been found to be a perpetrator of child abuse or neglect??	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Engaged in the illegal use or sale of drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been told that they have a problem with alcohol or participated in alcohol and/or substance abuse treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been convicted of a drug or alcohol related offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been convicted of a crime against or involving a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been convicted of a violent crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been denied a license to care for children or adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had a license to care for children or adults suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever applied for a foster home license before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever previously been a licensed foster home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been licensed or is currently a licensed foster parent through another agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMERGENCY CONTACT		
<i>Please provide contact information for at least one person that can be contacted in case of emergency.</i>		
FULL NAME:	RELATIONSHIP:	
ADDRESS:	PHONE NUMBER:	

AGREEMENTS AND SIGNATURE	
<p>We/I certify that the above information and required attachments are true and complete to the best of our/my knowledge. We/I understand that failure to truthfully disclose all relevant information may be grounds for denial of this application or revocation of license.</p> <p>We/I give permission for LCW to contact references listed in this application and to discuss issues relevant to our/my application for foster care license/relative placement.</p> <p>We/I are committed to working cooperatively with LCW staff and to complying with the Foster Care Licensing regulations.</p> <p>We/I understand the LCW will do a Tribal, State, and Federal criminal history record check and a Tribal and State record for abuse and neglect charges for all persons applying.</p> <p>We/I agree that our/my contact information may be shared with LCW foster care staff for sole purpose of providing licensing assistance and support.</p>	
PRIMARY APPLICANT SIGNATURE	DATE
CO-APPLICANT SIGNATURE	DATE