**Lummi Child Welfare**

**2665 Kwina Road, Bellingham WA**

**Phone: (360) 384-2324 Fax: (360)384-2341**

**Certification for Foster Home License**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * New
 | * Renewal
 | * Modify
 | Date of Reassessment: | Effective Date of License: |
|  Lummi Child Welfare Licensing of Lummi Nation, Washington, recommends that a foster home license be issued to:  |
| Applicant A:  | Applicant B:  |
| Date of Background Check Cleared:  | Date of Background Check Cleared:  |
| SSN: | DOB:  | SSN: | DOB |
| Who resides at:  Street Address City, State, Zip Code |
| For the following care of children:  |
| Type of Care:  | Number in Care: | Sex: * Female
 | * Male
 | Age of Foster Children from\_\_\_\_through\_\_\_\_ages |
| List of all other persons living in home:  |
| Name | Birth date | Relationship | Date of Background Request |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
| Comments:  |
| Orientation completed on:  | CORE Training completed on:  |
| Date application received:  | Date Home Study Completed:  |
| * I hereby certify the home complies with minimum licensing requirements for foster homes
* This home requires a waiver in order to meet all minimum licensing requirements; request for waiver attached
* First Aid/CPR completed and current for both applicant’s expires on \_\_\_\_\_\_\_\_\_\_
* HIV/AIDS Training completed on \_\_\_\_\_\_\_\_\_
* Blood Bourne Pathogens training completed on \_\_\_\_\_\_\_\_\_\_\_
 |
| LCW Foster Care Licensor | Date |
| LCW Director | Date |