**[](https://www.bing.com/images/search?view=detailV2&ccid=FgIMX7dy&id=16E99878359B254CD5D61D42768D555092899E60&thid=OIP.FgIMX7dyyJ5D_me12LUMZgEsDG&q=lummi+nation&simid=608031396207988557&selectedIndex=0)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 | | |