**Lummi Child Welfare**

**2665 Kwina Road, Bellingham WA**

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

**Foster Licensing Checklist**

|  |  |
| --- | --- |
| Applicant A:  | Applicant B:  |
| **REQUIRED OF APPLICANT** | **Applicant A** | **Applicant B** |
|  |  |  |
| Application received & signed |  |  |
| Valid State Identification  |  |  |
| Tribal ID or Certificate of Indian Blood |  |  |
| Social Security Card |  |  |
| Proof of Auto Insurance  |  |  |
| Medical Report |  |  |
| Immunization Records of Children |  |  |
| Immunization Records of Pets |  |  |
| Background Check(s): Criminal & CPS |  |  |
| Finger Print Results |  |  |
| Home Inspection |  |  |
| Personal Information |  |  |
| Reference Letter (1) |  |  |
| Reference Letter (2) |  |  |
| Reference Letter (3) |  |  |
| Emergency Evacuation Floor Plan |  |  |
| Child Care Plan |  |  |
| Emergency Contact List |  |  |
| Orientation |  |  |
| HIV/AIDS |  |  |
| Blood Bourne Pathogens |  |  |
| CPR Training |  |  |
| First Aid Training |  |  |
| CORE Training Classes  |  |  |
| Corrective Actions Resolved (If any)  |  |  |
| Licensing Agreement |  |  |
|  |
| **TYPE OF LICENSE** |
| * Full License
 | * Licensed Respite Home
 |
| **DISPOSITION** |
| * Licensed
 | Effective:  |
| * Re-Licensed
 | Effective:  |
| * Capacity/Age Change
 | Effective:  |
| No.:  | Age:  | Gender:  |
| **CLOSED LICENSE** |
| Effective Date:  |
| * Withdrawn
 | * Suspended
 | * Adoption completed
 |
| * Revoked
 | * Moved
 | * Changed agency
 |
| * Denied
 | * Expired, No Re-application
 | * Changed licensing type
 |
| * Particular child left the home
 | * Could not meet licensing requirements
 | * Family circumstances have changed
 |
| * No longer interested
 | * Dissatisfied reason
 | * Other\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * Closed to Guardianship
 | * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Other\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * Exit Interview Completed

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reviewer’s comments:  |
| Completed by:  | Date:  | Reviewed by:  | Date:  |