**[](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**

**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| * Withdrawn | | | * Suspended | | | | * Adoption completed | | | | |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: |