

PLEASE ANSWER THE FOLLOWING QUESTIONS

17. Have you lived in Washington State consecutively for the past 5 years? Yes No
 If no, please list all previous addresses for each applicant for the last five years. Add more sheets if needed.

| NAME | CITY | COUNTY AND STATE | DATES: TO - FROM |
|------|------|------------------|------------------|
| | | | |
| | | | |

| | APPLICANTS | | | | OTHER | | |
|--|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------------|--------------------------|
| | 1 | | 2 | | YES | NO | |
| | YES | NO | YES | NO | | | YES |
| 18. For those in the household who drive: | | | | | | | |
| A. Do you have a valid driver's license? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are there any restrictions on your license? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, what? | | | | | | | |
| C. Do you have automobile liability/medical insurance? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (Please attach a current copy showing amounts of coverage and expiration date) | | | | | | | |
| 19. Has applicant or any other member of the household: | | | | | | | |
| A. Had a serious injury, illness or hospitalization during the past year, or have a history of mental or physical limitations or is currently taking medication? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Been found to be a perpetrator of child abuse? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Engaged in the illegal use or sale of drugs? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Been told that they have a problem with alcohol? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Been denied a license to care for children or adults? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Had a license to care for children or adults suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Ever applied for a home license before? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Where? | | | | | | | |
| I. Have you applied to adopt a child before? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Where? | | | | | | | |

| | | | | | | | |
|-----------------------------------|-------------------|-------|----------|---------------------|-------------------|-------|----------|
| 20. Emergency contact information | | | | | | | |
| In state / Out of area | | | | Out of state | | | |
| NAME | | | | NAME | | | |
| ADDRESS | | | | ADDRESS | | | |
| CITY | | STATE | ZIP CODE | CITY | | STATE | ZIP CODE |
| HOME PHONE NUMBER | WORK PHONE NUMBER | | | HOME PHONE NUMBER | WORK PHONE NUMBER | | |
| CELL PHONE NUMBER | E-MAIL ADDRESS | | | CELL PHONE NUMBER | E-MAIL ADDRESS | | |

We / I further certify that the above information and required attachments are true and complete to the best of my (our) knowledge. Failure to truthfully disclose all relevant information may be grounds for denial of this application or revocation of a license.

We / I give permission for DSHS / Private Agencies to contact references listed in this application **and** to discuss issues relevant to my (our) application for adoption services / foster care license/relative placement.

We / I understand that DSHS will do a criminal history record check and a check of DSHS files of abuse and neglect for all persons applying.

| | | | |
|---------------------------|------|-----------------------------|------|
| PRIMARY CONTACT SIGNATURE | DATE | SECONDARY CONTACT SIGNATURE | DATE |
|---------------------------|------|-----------------------------|------|

NOTE: WAC 388-148-1625 of the Washington Administrative Code provides that OFCL may deny, suspend, revoke, or not renew a license for misrepresentation or material omissions on this application.

Completion of this form is the first step in the application process and does not guarantee the application will be approved.

INSTRUCTIONS

These instructions are for the family home study application. The Department uses a single home study for the approval of relative placements, suitable persons placements, foster care licensing and adoption.

1. **SSPS ID Number**: For DSHS agency use only.
2. **Date Application Received**: For DSHS agency use only.
3. **Name of Private Agency (if any)**: If you are applying to a private agency, enter the name of the private agency.
4. **FamLink Provider Number**: For DSHS agency use only.
5. **Type of Application**: Check all that apply.
- 6–7 **Primary and Secondary Contact Name(s)**: Enter your complete legal name(s), last name, first name, and middle name(s) and/or initial(s). An application for foster care license, adoption home study and relative placements for children must be made by both husband and wife if they are living together and are legally married. In the case of unmarried adults living together, who will share equally in the care of children, list both as applicants.

Enter only names of person(s) applying. Names of other members of the household who are not applicants should be entered in section 13 (persons living in household).

| | |
|-----------------|---|
| Religion: | Enter religious affiliation for each contact. |
| Occupation: | Enter the occupation for each contact. |
| Education: | Enter the highest grade completed for each contact. |
| Yearly income: | Enter the yearly gross income for each applicant. |
| Marital Status: | Enter each contact's marital status (married, single (never married), divorced, widowed). |

8. **Address**: Enter your home address
9. **Mailing Address**: Enter your mailing address if different than your home address.
10. **Placement Preference**: Please indicate the number, age, and gender of children you are interested in having placed into your home. If you have no preference, mark "either" and "no age preference." If you are applying for a specific child(ren), please provide the child(ren's) name(s), including applicant's relationship to the child. For example, grandparent, step-relation, godparent, second cousin, friend of family, foster parent, etc.
11. **DCFS Placement**: Enter child's name, relationship to child(ren), and social worker's name. Use a separate sheet for additional children.
12. **Telephone Numbers**: Enter telephone numbers for each applicant including area code (home, cell phone, or work). If you have no telephone, place an "X" in the space provided.

E-mail Address: Please provide your personal e-mail address if you have one.

13. **Names of Schools**: Enter the school district and the names of the schools that are nearest to your home (elementary, middle/junior high and senior high schools).
14. **Persons Living in Household (Including Self)**: Starting with the applicants, enter names (first and last), birth dates, sex (M for male or F for female), and their relationship to the applicant (for example, spouse, son, daughter, mother, foster child, boarder, etc.). If the child you are applying for already resides in your home, include that person here. Include the social security number of all persons living in the home.

Race: Indicate all that apply to each person: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, Caucasian, Chinese, Filipino, Japanese, Korean, Vietnamese, Samoan, Guamanian or Chamorro.

Ethnicity: If you are Spanish/Hispanic/Latino indicate with one of the following ethnicities: Cuban, Mexican, Mexican American or Chicano, Puerto Rican, Other Spanish/Hispanic/Latino.

Attach additional sheets if necessary for individuals in household.

15. **Other Persons on Property**

Please place an "X" in the appropriate box to indicate if there are other people that live on your property but not in the home.

16. **Character References:** List names, mailing and email addresses, and telephone numbers of three people who know you well and can attest to your ability to provide care for children. You may use only one relative as a reference. Additionally, list all adult children. Attach an additional sheet if needed. Children's Administration may ask for additional references.
17. **Other Residence States:** Indicate if each applicant has lived outside of Washington during the previous five (5) consecutive years. If you have lived outside of Washington during the previous five (5) years, please indicate where you lived by name, city, state, and what months and years you lived in that city and state.
18. **(A-C) Drivers:** For any person in your home who drives, indicate if they have a valid driver's license and liability insurance. Liability insurance is required for all vehicles used in transporting children placed in your care.
19. **(A-I)** Place an "X" in the appropriate boxes.

If "yes" is marked for either applicant or other adults (all persons over the age of 18) living in the home, please provide a description of the circumstances on additional paper and attach to the application. The indication of a "yes" answer may not disqualify you. You will have an opportunity to discuss your answers.

20. **Emergency Contact Information**

Please indicate the name, address, and telephone numbers for two contact persons in the event of an emergency. One person should be within Washington State, but in a different community in which the applicant lives and the other should be in a different state.

Please review the completed application. Attach statements explaining your "yes" answers to questions 16 - 18 (A-I).

Applicant(s) need to sign and date the application before submission.

Completion of this form does not guarantee that the applicant will be approved.

Thank you for your time and patience. If you have any questions, or need assistance in completing this form, please contact your agency.