Washington State Department of Social & Health Services
Transforming lives

CHILDREN'S ADMINISTRATION (CA)

Out of State Child Abuse and Neglect Check

How many years have you lived in Washington State without living in another state? _____ Years / _____ Months

NAME	DATE OF BIRTH
SIGNATURE	DATE

The remainder of this form is only required if you have lived outside of Washington State during the last five (5) years.

If you have lived outside of Washington State at any time during the last five (5) years, please list all addresses from all states you have lived in during that time frame.

ADDRESS	COUNTY AND STATE	DATES: TO - FROM