



CHILDREN'S ADMINISTRATION  
DIVISION OF LICENSED RESOURCES

# Home Study File Checklist

PROVIDER(S)		FAMLINK PROVIDER NUMBER		LICENSOR		
WAC	Required of Applicant	Applicant #1	Applicant #2	Required of Applicant	Applicant #1	Applicant #2
1315	Signed Application received (DSHS 10-354)			Marriage and Divorce Decree		
1375	Attended Orientation			Medical Report Form		
	Attended Pre-Service			Financial Worksheet		
1320	Background Authorization (DSHS 09-653)			Marital History Form		
	Background Check Summary (DSHS 27-132)			Investigations Open?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	FamLink Check			Previous Compliance Actions Resolved	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1320	CA/N Check other states if applicable Applicant Number 1 Applicant Number 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<b>Providers Taking Placement of a Child Under the Age of One Year</b>		
				Safe Sleep Assessment		
1320	Fingerprint Notice (DSHS 27-089)			PURPLE Crying video		
				<b>Providers Taking Placement of a Child Under the Age of Two Years</b>		
1365	Personal Information			Tdap: dates for all household members age 7 years and above		
1510	Valid Driver's License expires			DTap: dates for all household members 0 - 6 years		
1510	Proof of Insurance Applicant Number 1 Applicant Number 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Influenza: dates for all household members		
				<b>Disposition</b>		
				<input type="checkbox"/> Licensed	Effective:	
1320	TB Test			<input type="checkbox"/> Re-Licensed	Effective:	
1320	HIV / AIDS / BBP Training			<input type="checkbox"/> Capacity/Age Change	Effective:	
1320	CPR Adult / Infant Expires			No:            Age:            Gender: FamLink Provider SSPS Payment # <input type="checkbox"/> Name Change of Licensed Provider Effective:            to		
1320	First Aid Expires					
1370	Employed Child Care Plan					
1460	Evacuation Plan					
	Policy Agreement					
1440	Foster Home Inspection Completed (DSHS 10-183)					
	LEP Form (DSHS 15-245)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<b>Closed Licenses</b>		
				Effective Date:		
1445	Well Test (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Changed agency or license type	
1380	Required Training Met (Renewal)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Moved	<input type="checkbox"/> Could not meet MLRs	
	If not, Current Compliance Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Suspended	<input type="checkbox"/> Request by CPA	
				<input type="checkbox"/> Denied	<input type="checkbox"/> Revoked	
1320	Immunizations for family's own children	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Other:		
1480	Pet vaccines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Family goals / personal issues		
1365	References	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		<input type="checkbox"/> Expired, no reapplication		
1365	Adult children contacted If not, provider notes detail diligent effort: <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Adoption complete		
				<input type="checkbox"/> Placement for specific child no longer needed		
				<input type="checkbox"/> Family's dissatisfaction, explain:		
REVIEWER'S COMMENTS:						
COMPLETED BY:		DATE		REVIEWED BY:		DATE