

CHILDREN'S ADMINISTRATION
DIVISION OF LICENSED RESOURCES
Unlicensed File Checklist

PROVIDER(S)		FAMLINK PROVIDER NUMBER		LICENSOR	
Required of Applicant	Applicant #1	Applicant #2	For Providers Taking Placement of a Child Under the Age of Two Years	Applicant #1	Applicant #2
Signed Application received (DSHS 10-354)			Tdap; dates for all household members age seven (7) years and above <input type="checkbox"/> N/A		
Background Authorization (DSHS 09-653)			DTaP; dates for all household members ages 0-6 years <input type="checkbox"/> N/A		
Background Check Summary (DSHS 27-132)			For Providers Taking Placement of a Child Birth to One Year		
FamLink Check			Safe Sleep Assessment		
CA/N Check other states if applicable Applicant Number 1 Applicant Number 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		PURPLE Crying Video and Education		
Fingerprint Notice (DSHS 27-089)			COMMENTS		
Personal Information					
Valid Driver's License expires					
Proof of Insurance (if applicable) Applicant Number 1 Applicant Number 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
LEP Form (DSHS 15-245)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Emergency Evacuation Plan					
References	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				
Adult children contacted; if not, provider notes detail diligent effort: <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Marriage and Divorce Decree					
Medical Report Form					
Financial Worksheet					
Marital History Form					
Verification of Indian Status, if applicable (DSHS 15-128)					
Unlicensed Household Inspection (DSHS 10-453)					
COMPLETED BY:	DATE				