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|  | LICENSING DIVISION (LD)LICENSING DIVISION (LD)**File Checklist (Provisional Expedited License)** |
| APPLICANT / PROVIDER NAME | PROVIDER NUMBER |
| ADDRESS | CITY | STATE **, WA** | ZIP CODE |
| **I have verified the following requirements:** | **If any are marked “no,” the applicant is not eligible for an expedited license and will need to proceed with a new license application.** |
| Held a foster care license (or kinship license for the same child) in the last five years that was not closed due to denial, revocation, or an agreement to relinquish. | Yes **[ ]** No **[ ]**  |
| Reside in the same home in which they were licensed and no additional individuals have moved into the home. | Yes **[ ]** No **[ ]**  |
| Seeking a license from the same agency in which they were previously licensed and the agency agrees to supervise this home. | Yes **[ ]** No **[ ]**  |
| Driver’s License for all household members transporting children. | Yes **[ ]** No **[ ]** N/A **[ ]** |
| Auto insurance for all household members transporting children.  | Yes **[ ]** No **[ ]** N/A **[ ]** |
| Background check completed for all household members ages 16 & 17. | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| FamLink check for all household members under the age of 18 years. | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| Open investigations.  | None **[ ]** Other **[ ]** |
| **Additional Comments** |

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| **LD/CPA Staff Signatures** |
| LD/CPA STAFF NAME | LD/CPA SUPERVISOR NAME |
| LD/CPA STAFF SIGNATURE | DATE | LD/CPA SUPERVISOR SIGNATURE | DATE |