**APPLICATION TYPE (*Pick One)*:**  New  Renewal  Move

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| NAME OF CHILD PLACING AGENCY | | | | PROVIDER NUMBER |
| PHYSICAL ADDRESS | | | | |
| CITY | STATE  **WA** | ZIP | COUNTY | |
| AGENCY TELEPHONE NUMBER | AGENCY FAX NUMBER | AGENCY E-MAIL ADDRESS | | |
| CONTACT PERSON TELEPHONE NUMBER | CONTACT PERSON FAX NUMBER | CONTACT PERSON EMAIL ADDRESS | | |
| MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS) | | | | |
| CITY | STATE  **WA** | ZIP | COUNTY | |
| TELEPHONE NUMBER | FAX NUMBER | E-MAIL ADDRESS | | |
| **PROGRAMS/SPECIALIZATION (mark all that apply)** | | | | |
| Behavioral Rehabilitation Services  Kinship/General Home Licensing  Private Adoption (Non-DCYF)  Receiving Care  Tribal (Non-Intergovernmental Agreement)  Unaccompanied Minor Program/Office of Refugee Resettlement  Other | | | | |

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| WERE YOU LICENSED AS A CHILD PLACING AGENCY (CPA) IN THE PAST?  \*Not required for Renewal or Move  No  Yes; If yes, indicate all: | | |
| Previous name(s): | City and County where previously licensed: | Type of License: |
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| WASHINGTON BUSINESS LICENSE ID NUMBER: | EXPIRATION DATE: | LOCATION: |
| FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): | | |

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| **AGENCY MANAGEMENT** |
| CEO NAME (*if applicable*): |
| EXECUTIVE DIRECTOR/ADMINISTRATOR NAME: |
| PROGRAM MANAGER/SUPERVISOR NAME: |

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| The Department of Children, Youth, and Families (DCYF) may not license, make referrals or payments, or include in its directories, agencies that discriminate the provision of services to children in care because of race, ethnicity, religion, culture, sexual orientation, gender identity, and gender expression (SOGIE), or disability. DCYF will not license, make referrals or payments, or include in its directories, agencies that fail to comply with federal and state anti-discrimination laws related to personnel policies and procedures.  I (we) further certify that I (we) have received, read, understand, and agree to comply with the provisions of Chapter 74.15 of the Revised Code of Washington (RCW) and with the provisions of Washington Administrative Code (WAC) 110-147 Licensing Requirements for Child Placing Agency and Adoption Services and WAC 110-04 Background Check Requirements. I (we) hereby further certify that the above information and required attachments are true and complete to the best of my (our) knowledge.  I (we) further understand that DCYF will conduct a criminal history and background inquiry that could include a Federal Bureau of Investigation and Washington State Patrol check and a Child Welfare system review for any person(s) applying for a child placing agency license and/or having access to children in out-of-home placement.  **NOTE: WAC 110-147-1410 provides that a license shall be denied, suspended, revoked, or not renewed for misrepresentation or material omissions on this application.** | | |
| **SIGNATURE** | | |
| SIGNATURE | NAME | DATE |
| Attach the below forms and supplemental documents to this application. Date all forms and written information. It is not necessary to submit supplement documents for re-application unless there have been changes in content.  Business License [WAC 110-147-1365](https://app.leg.wa.gov/WAC/default.aspx?cite=110-147-1365)  Budget for Child Placing Agency (CPA) (DCYF 10-046) [WAC 110-147-1410](https://app.leg.wa.gov/WAC/default.aspx?cite=110-147-1410)  Staff Roster for Child Placing Agency (CPA) (DCYF 10-011) [WAC 110-147-1520](https://app.leg.wa.gov/WAC/default.aspx?cite=110-147-1520)  Background Checks must be completed for all staff including management and volunteers/interns. For **new**  application, you must obtain the **provider number** from LD prior toinitiating the background check process**.**  Information can be found at Step-by Step Background Check Process for Child Placing Agency (CPA) Staff  [WAC 110-147-1325](https://app.leg.wa.gov/WAC/default.aspx?cite=110-147-1325)  Diploma, transcript, and/or resume listing work and education history for agency management.  [WAC 110-147-1445](https://app.leg.wa.gov/WAC/default.aspx?cite=110-147-1445) and [WAC 110-147-1450](https://app.leg.wa.gov/WAC/default.aspx?cite=110-147-1450)  Policies and Procedures for Child Placing Agency (CPA) Foster Care (DCYF 10-045) or  Policies and Procedures for Child Placing Agency (CPA) Adoption Only (DCYF 10-045A) | | |
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