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| **State_Seal3** | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES**TITLE IV-E REQUIREMENTS FOR OUT OF STATE FOSTER CARE PAYMENTS** |  |
| CHILD: | CARETAKER'S NAME: |
| DATE OF BIRTH: | RELATIONSHIP TO CHILD: |
| The State of Washington is making foster care payments for the above Washington dependent child residing in your State. In order for Washington State to determine whether it can claim Title IV-E federal matching funds for these payments, it needs the following information and documentation from your State. Please answer the questions below as instructed and return this form along with any supporting documentation to us in the self-addressed, stamped envelope provided. |
| 1. | Is the above named caretaker fully licensed or certified or approved as meeting full licensing standards? |
|  | [ ]  YES [ ]  NO Date Range of license: From: |  | to |  |
| 2. | If YES, attach a copy of the caretaker's official license, certification or approval to this form and proceed to number 4. **(Please note: this document must specify the date range for which it is valid).** |
| 3. | If NO, please sign, date and return this form to us. |
| 4. | **If this caretaker did not move with the foster child(ren) from Washington to your State**, has your State met the federal criminal history check/safety requirement for this individual? |
|  | [ ]  YES [ ]  NO |
| 5. | Please, be sure to provide the information below. Thank you! |
| NAME: | JOB TITLE: |
| SIGNATURE: |
| DATE: | PHONE NUMBER: |
| **IMPORTANT NOTICE: Title IV-E makes foster care maintenance payments only on behalf of otherwise eligible children placed in fully licensed/certified/approved homes. The homes of relatives must be held to the same licensing standards as those of non-relatives. Initial, provisional or probationary (while the home is not in full compliance) licenses are insufficient for meeting title IV-E eligibility requirements. Criminal history check requirements must be met.** |