



APPLICATION INSTRUCTIONS

1. **Phase One** – First complete the on-line orientation found at: <http://www.del.wa.gov/requirements/info/orientation.aspx>
2. **Phase Two** – After completing the online orientation, call your local Department of Early Learning (DEL) office to schedule your Phase Two appointment. You must bring the following documents with you (**DO NOT MAIL THESE TO DEL**):
 - Completed, signed and dated application
 - Completed, signed and dated Post-Orientation Questionnaire
 - \$30 non-refundable license fee (check or money order payable to DSHS)
 - Proof of high school diploma or equivalent
 - Current government-issued picture identification
 - Copy of Social Security card or sworn declaration stating you don't have one
 - Employer Identification Number (EIN) if you plan to hire staff
 - Employment and education resume for applicant(s)
 - Copy of WAC 170-296A: <http://apps.leg.wa.gov/wac/default.aspx?cite=170-296A>
 - Copy of the Licensed Family Home Checklist:
<http://www.del.wa.gov/publications/licensing/docs/FHLicensingChecklist.pdf>

3. MERIT and Background Check requirements –Register your facility in MERIT before receiving your license:
<https://apps.del.wa.gov/MERIT/Home/SignInRegister>

The Portable Background Check process must be completed for the applicant(s), staff, and household members 13 years and older. This process begins by each person registering in MERIT using his or her own email address. Information about the Portable Background Check process: <http://www.del.wa.gov/requirements/info/background.aspx>

4. It is extremely important that the application packet is complete. The following documents must be provided within 60 days of your Phase Two appointment:
 - Current CPR and Standard First Aid Cards; and HIV/AIDS training certificates
 - Copy of TB skin test results
 - Copy of Washington State food handler permit
 - Parent, staff and operation policies (handbooks); see WAC 170-296A-2350 through 2450
 - Floor plan
 - Sewage system inspection and maintenance records if applicable
 - Private water supply testing and system repair records if applicable
 - Lead or arsenic evaluation agreement if applicable
 - Any other documents requested

If the application is incomplete, you will receive a written notice of what is missing. The written notice will include a timeline in which to submit the required information. If you do not respond with the requested information within the specified timeline, the department may “deny” the application.

The department will call the applicant when the department is ready to schedule a licensing visit. All corrections will need to be made before an initial license is issued to you.



Family Home License Application

1. Date of Application		2. Provider ID (if known)		3. Type of Application <input type="checkbox"/> Initial <input type="checkbox"/> Other (explain):			
4. Applicant (App.)			5. Co-Applicant, if any (Co-App.)				
Name: Last First Middle Initial		Name: Last First Middle Initial					
Maiden Name, if applicable			Maiden Name, if applicable				
Social Security or Federal Employer Identification Number:		Date of Birth:		Social Security or Federal Employer Identification Number			
				Date of Birth			
6. Alternate Business Name (Doing Business As)			7. Is this address (below) on tribal land? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which tribe?				
8. Street Address		City		Zip Code County			
9. Mailing Address (If different from street address)		City		Zip Code County			
10. Email Address (if any)			11. Telephone number Home: () - Work: () -				
12. School District or Nearest Elementary School							
13. Ethnic Background (Optional)							
App	Co-App		App	Co-App			
<input type="checkbox"/>	<input type="checkbox"/>	Black/African-American	<input type="checkbox"/>	<input type="checkbox"/>	Laotian		
<input type="checkbox"/>	<input type="checkbox"/>	Caucasian/White	<input type="checkbox"/>	<input type="checkbox"/>	Guamanian		
<input type="checkbox"/>	<input type="checkbox"/>	Asian or Pacific Island (API)	<input type="checkbox"/>	<input type="checkbox"/>	Korean		
<input type="checkbox"/>	<input type="checkbox"/>	Other API (identify):	<input type="checkbox"/>	<input type="checkbox"/>	Philippino		
<input type="checkbox"/>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Asian Indian		
<input type="checkbox"/>	<input type="checkbox"/>	Hawaiian	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese		
<input type="checkbox"/>	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	<input type="checkbox"/>	Samoan		
<input type="checkbox"/>	<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	<input type="checkbox"/>	Eskimo/ Aleut		
<input type="checkbox"/>	<input type="checkbox"/>	American Indian (identify the name of the enrolled or principal tribe below):	<input type="checkbox"/>	<input type="checkbox"/>	Hispanic/Latino		
					Other:		
14. Persons Living in Household, including yourself. Attach additional sheet if needed.							
Name		Birth date	Relationship to Applicants	Name		Birth date	Relationship to Applicants

15. Languages

Applicant	Primary Language:	Secondary Language:	Interpreter Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Co-Applicant	Primary Language:	Secondary Language:	Interpreter Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>

16. References (3 References people that are not related to the applicant)

Name	Address (Street, State, Zip)	Telephone	E-mail
		() -	
		() -	
		() -	

Please Answer the Following Questions

	<u>Applicant</u>	<u>Co-Applicant</u>
	Yes/No	Yes/No
17. Has applicant ever been deprived of custody of own children by court action? If yes, attach a statement of explanation)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
18. Has applicant or any other member of the household:		
a. Been found to be a perpetrator of child abuse/neglect?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
b. Engaged in the illegal use or sale of drugs?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
c. Been convicted of a felony?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
d. Been released from prison in the past seven years?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
e. Been denied a license to care for children or adults?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
f. Had a license to care for children or adults suspended or revoked?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

DEL may not license, make referrals to, payments to, or include in its directories, the names of agencies which discriminate in the provision of services because of race, creed, color, national origin, sex, disability, or age, which discriminate in employment practices because of race, creed, color, national origin, sex, disability, age (40+), sexual orientation, marital status, disabled veteran status, or Vietnam era veteran status. I hereby agree not to engage in prohibited discriminatory practices.

I certify that I have read, understand and agree to comply with the licensing requirements of RCW 43.215 and WAC 170-296A. I (we) 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 DEL does a Portable Background Check (PBC), including a check of DSHS records for abuse/ neglect for all persons applying for child care licenses. The information that I share with DEL is subject to verification by federal and state officials.

19. Directions for reaching your home:

Applicant Signature	Date	Co-Applicant	Date
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WAC 170-296A-8175 provides that DEL may deny, suspend, revoke or not renew a license for misrepresentation or material omissions on this application.