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|  | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  LICENSING DIVISION (LD)  **Out of State Child Abuse and Neglect Check** | | | | |
| NAME | | | | DATE OF BIRTH | |
| SIGNATURE DATE | | | | | |
| How many years have you lived in Washington State without living in another state?  Years /  Months | | | | | |
| The remainder of this form is only required if you have lived outside of Washington State during the last five (5) years.  If you have lived outside of Washington State at any time during the last five (5) years, please list all addresses from all states you have lived in during that time frame. | | | | | |
| ADDRESS | | COUNTY AND STATE | | DATES: TO - FROM | |
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| **I AM APPLYING AS** | | | **YES** | | **NO** |
| Foster Parent or unlicensed caregiver | | |  | |  |
| Group Care Facility Staff | | |  | |  |
| (if yes enter facility name and provider number) | | |  | |  |

|  |  |
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| FACILITY NAME | PROVIDER NUMBER |