



RESIDENTIAL PARENTING PROGRAM EMERGENCY CAREGIVER APPLICATION

Name DOC number Date

Child's name(s) Date of birth

I am requesting your participation as an emergency caregiver for my child(ren) in the Residential Parenting Program (RPP). As an emergency caregiver, you agree to take custody of the child(ren) in the event I am unable to care for the child(ren) at the facility. Out-of-state emergency caregivers should discuss travel concerns with the RPP Correctional Unit Supervisor (CUS). The Department is not responsible for any expenses incurred by emergency caregivers.

If you agree to be an emergency caregiver, complete the following and return:

Name Relationship to child

Address (i.e., street, city, state, zip code)

Home phone number Cellular phone number Work/alternate phone number

Children are required to be transported in a child restraint system and, when practical to do so, in the back seat position per RCW 46.61.687.

Driver's license number Make of vehicle Model of vehicle

Insurance company Policy number

Are you able to take custody of the child(ren) upon notification? Yes No

If no, explain: _____

Are you able to provide an age/weight appropriate child restraint system? Yes No

Do you have any prior/current involvement with any child protective service agency? Yes No

If yes, explain: _____

Do you authorize Child Protective Services (CPS) to conduct a background check on yourself and any minor children who live in your home and for who you are the parent/guardian? Yes No

Are there other residents in the home? Yes No

RESIDENTS IN HOME, INCLUDING MINORS		
ALL RESIDENTS MUST SUBMIT TO A BACKGROUND CHECK(S)		
First/middle initial/last name	Relationship	Date of birth

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The information provided is true to the best of my knowledge. I understand that a CPS and criminal background check will be conducted before approval. History with law enforcement will not automatically disqualify me from being an emergency caregiver.

Signature

Date

Resident, if applicable

Signature

Date

Resident, if applicable

Signature

Date

RPP CUS REVIEW

Approved Denied

Comments: _____

RPP CUS

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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