**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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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.**

Distribution: **ORIGINAL** - CUS **COPY** - Central File