



Foster Family Pass – Verification Form

Applicant name	
Signature of applicant	Date
I am one of the following (check the box that applies): <input type="checkbox"/> Kinship navigator <input type="checkbox"/> Group home official <input type="checkbox"/> Tribal government official	
Verification	
I certify the applicant named above has a child in their care and is responsible for that child through a kinship or caregiver relationship.	
Name of official	Official's position
Phone number	Organization
Signature of official	Date

For questions or assistance completing this form, please contact the Information Center at:

Phone: (360) 902-8844

Email: infocent@parks.wa.gov

Fax: (360) 586-6640