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|  | WASHINGTON STATE PARKS & RECREATION COMMISSIONINFORMATION CENTER**Foster Family Pass – Verification Form**  |

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| Applicant name      |
| Signature of applicant      | Date      |
| I am one of the following (check the box that applies):[ ] Kinship navigator[ ] Group home official [ ] 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      |
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| 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 |
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