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|  | WASHINGTON STATE PARKS & RECREATION COMMISSION  INFORMATION 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 |
|  |  |
| For questions or assistance completing this form, please contact the Information Center at:  Phone: (360) 902-8844  Email: [infocent@parks.wa.gov](mailto:infocent@parks.wa.gov)  Fax: (360) 586-6640 | |
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