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| State_Seal3  STATE OF WASHINGTON  DEPARTMENT OF SOCIAL AND HEALTH SERVICES  **Request For “Washington State Identicard”**  **TO: Department of Licensing**  This letter is to request a Washington State Identicard for the foster youth identified in this letter.  I confirm that:  1. The identified youth is a minor who resides in Washington State and a “dependent youth” per a court order.  2. DSHS or another supervising agency within Washington State is the legal custodian of the youth under Chapter 13.34 RCW or the youth is placed in Washington State through an “Interstate compact on the placement of children” ( ICPC). | | | | | | | |
| **Section 1. Dependent Youth Information** | | | | | | | |
| FIRST NAME | | | | MIDDLE NAME | | | LAST NAME |
| ADDRESS TO APPEAR ON IDENTICARD CITY STATE ZIP CODE | | | | | | | |
| DATE OF BIRTH | | SOCIAL SECURITY NUMBER (IF APPLICABLE) | | | | MOTHER’S MAIDEN NAME (IF KNOWN) | |
| **Section 2. Physical Description of Youth** | | | | | | | |
| HEIGHT | WEIGHT | | EYE COLOR | | OTHER DISTINGUISHING FEATURES | | |
| **Attach photograph of the youth.** | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Insert photo here |  |  |  |
| SIGNATURE OF YOUTH (IF YOUTH IS AVAILABLE TO SIGN) |

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| **Section 3. If you require any additional information please feel free to contact me.** | | |
| PRINT NAME | TITLE | |
| CA SIGNATURE | | DATE |
| ORGANIZATION | TELEPHONE NUMBER | E-MAIL ADDRESS |
| STREET ADDRESS CITY STATE ZIP CODE | | |
| Copy to: Youth and Youth’s File | | |