

RESOURCE FAMILY ANNUAL UPDATE

RESOURCE FAMILY INFORMATION

NAME:	ASSIGNED SOCIAL WORKER:
ADDRESS:	APPROVAL DATE:
INTERVIEW DATE:	REVIEW PERIOD: _____ TO _____

ANNUAL UPDATE GUIDELINES

All Resource Family homes are required to have an annual update (based on their approval date) to maintain compliance with Resource Family Approval [Welfare and Institutions Code section 16519.5(g)(6)]. An update can be completed at any time prior to the annual review date if there are circumstances which may warrant an update. Examples of some circumstances include the following: change in marital status, significant change in health, a move to a new location, new adult living in the home, and/or birth of a child to the resource family. Please note any changes require an update in the comment area.

REVIEW

<input type="checkbox"/> Training Hours Required: _____ Completed: _____	Comments:												
<input type="checkbox"/> Interviews Completed	Comments: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> _____</td> <td style="width: 25%; text-align: center;">Name</td> <td style="width: 25%;"><input type="checkbox"/> _____</td> <td style="width: 25%; text-align: center;">Date</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td style="text-align: center;">Name</td> <td><input type="checkbox"/> _____</td> <td style="text-align: center;">Date</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td style="text-align: center;">Name</td> <td><input type="checkbox"/> _____</td> <td style="text-align: center;">Date</td> </tr> </table>	<input type="checkbox"/> _____	Name	<input type="checkbox"/> _____	Date	<input type="checkbox"/> _____	Name	<input type="checkbox"/> _____	Date	<input type="checkbox"/> _____	Name	<input type="checkbox"/> _____	Date
<input type="checkbox"/> _____	Name	<input type="checkbox"/> _____	Date										
<input type="checkbox"/> _____	Name	<input type="checkbox"/> _____	Date										
<input type="checkbox"/> _____	Name	<input type="checkbox"/> _____	Date										
<input type="checkbox"/> Documents Are Current <input type="checkbox"/> Documents To Be Updated _____ CPR/First Aid _____ Health Screen _____ _____	Comments:												
<input type="checkbox"/> In-Home Inspection Completed* *Using Form RFA-03 Corrective Action Plan (?): Yes <input type="checkbox"/> or No <input type="checkbox"/> Documented Alternative Plan (?): Yes <input type="checkbox"/> or No <input type="checkbox"/>	Comments: Corrective Action Plan: Completed <input type="checkbox"/> Date: _____ Comments: Documented Alternative Plan: Completed <input type="checkbox"/> Date: _____ Comments:												

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<input type="checkbox"/> Fire Clearance Applicable <input type="checkbox"/> Fire Clearance Not Applicable	Comments:
<input type="checkbox"/> Household Composition Changes: Yes <input type="checkbox"/> or No <input type="checkbox"/> Capacity: a) Current Number of Children in the Home _____ b) Approved Number of Placements _____ Total Capacity _____	Comments:
<input type="checkbox"/> Background Checks* Names of all adults living in the home: 1. _____ 2. _____ 3. _____ 4. _____ *Required for each adult living in the home [Welf. & Inst. Code §16519.5 (d) (4)(A)(i)(ii)(iii)].	See attached form RFA-02. Comments:

<input type="checkbox"/> This Resource Family requires the following updates:	Date Completed
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
<input type="checkbox"/> This Resource Family may benefit from the following trainings:	
1) _____	
2) _____	
3) _____	

Comments:

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This Resource Family **has** met re-approval standards as of _____
MONTH/DAY/YEAR

This Resource Family **has not** met re-approval standards as of _____
MONTH/DAY/YEAR

A corrective action plan has been developed.
(please see attached)

The approval of this Resource Family has been rescinded.
Effective as of _____
MONTH/DAY/YEAR

Social Worker Signature: _____
MONTH/DAY/YEAR

Supervisor Signature: _____
MONTH/DAY/YEAR

❖ *A copy of this form will be provided to Resource Family upon completion.*

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EVALUATION AND RECOMMENDATION

***Include updates and an assessment of family's current functioning and ability to meet Resource Family standards. (Content shall support recommendation).**

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EVALUATION AND RECOMMENDATION *Continued*