

RESOURCE FAMILY APPLICATION

Instructions: This is the application form for Resource Family Approval. Please type or print clearly.

INITIAL APPLICATION CHANGE OF LOCATION OTHER (SPECIFY) : _____

I. APPLICANT(S) EACH APPLICANT MUST COMPLETE A CRIMINAL RECORDS STATEMENT RFA-01 (B).

FIRST	MIDDLE	LAST		
APPLICANT ONE:				
APPLICANT TWO:				
PREVIOUS NAMES USED: <i>*including maiden name</i>		HIGHEST LEVEL OF EDUCATION COMPLETED		
APPLICANT ONE:				
APPLICANT TWO:				
DATE OF BIRTH	SEX	RACE/ETHNICITY	DRIVER'S LICENSE NUMBER	
APPLICANT ONE:				
APPLICANT TWO:				
NAME/ADDRESS OF EMPLOYER		WORK PHONE NUMBER	OCCUPATION	ANNUAL INCOME
APPLICANT ONE:				
APPLICANT TWO:				
EMAIL ADDRESS (OPTIONAL)		CELL PHONE NUMBER	HOME PHONE NUMBER	
APPLICANT ONE:				
APPLICANT TWO:				

II. APPLICANT(S)' RESIDENCE

PHYSICAL ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
Do you own, rent or lease the residence?		Check one: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease	
Weapons in the home?		Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Body of Water	Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the location of the body of water and its size?	

Please provide directions, including major cross-street information, to your residence.

III. RELATIONSHIP BETWEEN APPLICANTS

IF MORE THAN ONE APPLICANT, WHAT IS YOUR RELATIONSHIP? *Please check one.*

MARRIED DOMESTIC PARTNERSHIP RELATED (FAMILY MEMBER) COHABITANTS OTHER _____

DATE OF CURRENT MARRIAGE/DOMESTIC PARTNERSHIP _____

PLACE OF CURRENT MARRIAGE/DOMESTIC PARTNERSHIP (CITY AND STATE) _____

IV. MINOR CHILDREN RESIDING IN THE HOME

RELATIONSHIP TO APPLICANT(S)	DATE OF BIRTH	SEX	DO YOU FINANCIALLY SUPPORT THIS CHILD?	ADOPTED
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. OTHER ADULTS RESIDING IN THE HOME

Each adult residing in the home must complete a Criminal Records Statement RFA-01(B).

FULL NAME (FIRST, MIDDLE INITIAL & LAST)	DATE OF BIRTH	RELATIONSHIP TO APPLICANT(S)

VI. APPLICANT(S) HISTORY

MARITAL HISTORY			
NAME OF FORMER SPOUSE	MARRIAGE DATE AND PLACE (CITY AND STATE)	DIVORCE DATE & PLACE	DEATH DATE & PLACE
APPLICANT ONE:			
APPLICANT TWO:			

ADULT CHILDREN OF APPLICANT(S)				
FULL NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP	LIVES IN HOME?	DATE OF BIRTH

FOSTER CARE/ADOPTION HISTORY

- Have you previously applied for adoption?
If yes, name of Agency(s): _____
- Have you been previously licensed, certified, or approved for foster care?
If yes, name of Agency(s): _____
- What type of license did you obtain? _____
- Have you previously been employed by or volunteered at a community care facility? If yes, name of facility(s) : _____

- Have you had a previous license, certification, relative or nonrelative extended family member application denial, license suspension or revocation, or been subject to an exclusion order?
Check one: Yes No

VII. CHILD DESIRED

- Has a child been identified? Check one: Yes No
- Is the child currently in your home? Check one: Yes No

DATE OF BIRTH OF CHILD	SEX	COUNTY OF JURISDICTION	DATE OF PLACEMENT OR FUTURE DATE TO BE PLACED	RELATIONSHIP TO APPLICANT(S)	EDUCATION (GRADE, NAME & ADDRESS OF SCHOOL)

IF THE CHILD HAS NOT BEEN IDENTIFIED, PLEASE INDICATE YOUR PREFERENCES:

AGE(S)	SEX	ETHNICITY	SIBLING (GROUP OF)	CHECK ALL CONDITIONS THAT YOU ARE WILLING TO ACCEPT
<input type="checkbox"/> 0 TO 3 yrs <input type="checkbox"/> 4 TO 8 yrs <input type="checkbox"/> 9 TO 12 yrs <input type="checkbox"/> 13 TO 15 yrs <input type="checkbox"/> 16 TO 18 yrs <input type="checkbox"/> 18 TO 21 yrs <input type="checkbox"/> No preference	<input type="checkbox"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> No Preference	<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> No Preference	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more <input type="checkbox"/> N/A	<input type="checkbox"/> History of physical abuse and/or neglect <input type="checkbox"/> History of sexual abuse <input type="checkbox"/> History of mental illness <input type="checkbox"/> Medically Fragile <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Intellectually Challenged <input type="checkbox"/> Learning Disability <input type="checkbox"/> Alcohol/Drug Exposure <input type="checkbox"/> Oppositional/Defiant Behavior <input type="checkbox"/> Adverse Parental Background <input type="checkbox"/> Different Religious Faith <input type="checkbox"/> Different Ethnic and/or Cultural Background <input type="checkbox"/> Non-Ambulatory

VIII. REFERENCES

Please list the name, address, and telephone numbers of three individuals who have knowledge of your home environment, lifestyle, and capacity to be a caregiver. At least two of these must be unrelated to you.

FULL NAME	TELEPHONE NUMBER(S)	MAILING ADDRESS/CITY/STATE/ZIP

IX. APPLICANT(S) DECLARATION

I/We declare that:

- I/We have the financial ability to maintain the level of care required in a Resource Family Home.
- I/We have the ability and willingness to comply with the applicable laws, regulations, and Written Directives governing the Resource Family Approval Program.
- I/We understand that children and nonminor dependents have personal rights under Welfare and Institutions Code section 16001.9, and I/we have the ability and willingness to safeguard those rights.
- I/We have the ability and willingness to understand the safety, permanence, and well-being needs of children and nonminor dependents who have been victims of child abuse and neglect, and the capacity and willingness to meet those needs, including the need for protection.
- I/We have the ability and willingness to understand my/our role as a Resource Family and the capacity to work cooperatively with the agency, county, and other service providers in implementing the child’s or nonminor dependent’s case plan.
- I/We have an ability and willingness to maintain the least restrictive and most family-like environment that serves the needs of the child or nonminor dependent, and am/are prepared to use the Reasonable and Prudent Parent Standard (RPPS).
- In signing this application, I/we understand that the completion of routine forms will be required by my/our references, physician, and employer, that my/our financial and marital status will be verified and a criminal background check will be conducted.
- I/We affirm that the information provided on this form is true and correct to the best of my/our knowledge.
- I/We understand that I/we have the right to appeal any decision regarding the disposition of this application.

APPLICANT(S) SIGNATURE	CITY AND COUNTY WHERE SIGNED	DATE