

FOR COUNTY USE ONLY

COUNTY: _____

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 RECORD STATEMENT RFA 01B.

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

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

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	
Does any person not listed in this document use the residence as their mailing address?			Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who: _____	
Please provide directions, including major cross-street information, to your residence.				
Languages spoken in the home?				



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.	

III. RELATIONSHIP BETWEEN APPLICANTS

IF MORE THAN ONE APPLICANT, WHAT IS YOUR RELATIONSHIP? Please check one.	
<input type="checkbox"/> MARRIED <input type="checkbox"/> DOMESTIC PARTNERSHIP <input type="checkbox"/> RELATED (FAMILY MEMBER) <input type="checkbox"/> COHABITANTS <input type="checkbox"/> 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	GENDER	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 or regularly present in the home must complete a Criminal Record Statement RFA 01B.

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



VII. CHILD DESIRED

- Has a child been identified? Check one: Yes No If yes, complete RFA 01C.
- Is the child currently in your home? Check one: Yes No

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

AGE(S)	SEX	ETHNICITY	SIBLING (GROUP OF)	CHECK ALL THAT YOU ARE WILLING TO ACCEPT
<input type="checkbox"/> 0 TO 3 yrs	<input type="checkbox"/> Male	<input type="checkbox"/> Caucasian	<input type="checkbox"/> 0	<input type="checkbox"/> History of physical abuse and/or neglect
<input type="checkbox"/> 4 TO 8 yrs	<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic	<input type="checkbox"/> 2	<input type="checkbox"/> History of sexual abuse
<input type="checkbox"/> 9 TO 12 yrs	<input type="checkbox"/> No Preference	<input type="checkbox"/> African American	<input type="checkbox"/> 3	<input type="checkbox"/> History of mental illness
<input type="checkbox"/> 13 TO 15 yrs		<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> 4	<input type="checkbox"/> Medically Fragile
<input type="checkbox"/> 16 TO 18 yrs		<input type="checkbox"/> Native American	<input type="checkbox"/> 5 or more	<input type="checkbox"/> Physically Disabled
<input type="checkbox"/> 18 TO 21 yrs		<input type="checkbox"/> Other		<input type="checkbox"/> Intellectually Challenged
<input type="checkbox"/> No preference		<input type="checkbox"/> No Preference		<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
				<input type="checkbox"/> Probationary Youth
				<input type="checkbox"/> LGBTQ

VIII. FOSTER CARE/ADOPTION/ LICENSURE HISTORY

- Have you been previously licensed, certified, or approved to provide foster care?
If yes, name of Agency(s): _____
Type of license/certification/approval: _____
- Have you previously applied for adoption?
If yes, name of Agency(s): _____
- Have you previously been licensed to operate a non-foster care community care facility, child care center, family child care home, or residential care facility for the elderly?
If yes, type of license: _____
- Have you previously been employed by or volunteered at a community care facility, child care center, family child care home, or residential care facility for the elderly?
If yes, name the facility(s): _____
- Have you had a previous license, certification, relative or nonrelative extended family member, or resource family approval application denial?
Check one: Yes No
- Have you had a license, certification, or approval suspended, revoked, or rescinded?
Check one: Yes No
- Have you been subject to an exclusion order?
Check one: Yes No

**IX. REFERENCES**

Please list the name, telephone numbers, address, and email address of three individuals who have knowledge of your home environment, lifestyle, and capacity to be a caregiver.

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

X. APPLICANT(S) DECLARATION

I/We declare that:

- I/We have the financial ability to ensure the stability and financial security of the family.
- 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 the Written Directives, 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.
- 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 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, and contains no material omissions of fact to the best of my/our knowledge.
- I/We understand any false or misleading statements made to the county or department to obtain or maintain Resource Family approval can result in a denial or rescission of a Resource Family approval.
- 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