

AGENCY USE ONLY
RFID #: _____
FFA: _____

RESOURCE FAMILY APPLICATION-CONFIDENTIAL

VII. CHILD DESIRED (to be completed only if a child has been identified prior to approval)

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

NAME OF CHILD	DATE OF BIRTH OF CHILD	GENDER	COUNTY OF JURISDICTION	DATE OF PLACEMENT	RELATIONSHIP TO APPLICANT(S)	EDUCATION (GRADE, NAME & ADDRESS OF SCHOOL)