

RESOURCE FAMILY APPLICATION

County Use Only
County: _____

Instructions: This is an application for Resource Family Approval by a County. Please type or print clearly.

Application Other (Specify): _____

I. APPLICANT(S): EACH APPLICANT MUST COMPLETE A CRIMINAL RECORD STATEMENT RFA 01B.

First		Middle		Last	
Applicant One:					
Previous Name Used: <i>*including maiden name</i>				Highest Level of Education Completed	
Date of Birth	Gender	Race/Ethnicity		Driver's License Number	
Email Address (Optional)		Cell Phone Number		Home Phone Number	
Name/Address of Employer		Work Phone Number		Occupation	Annual Income

First		Middle		Last	
Applicant Two:					
Previous Name Used: <i>*including maiden name</i>				Highest Level of Education Completed	
Date of Birth	Gender	Race/Ethnicity		Driver's License Number	
Email Address (Optional)		Cell Phone Number		Home Phone Number	
Name/Address of Employer		Work Phone Number		Occupation	Annual Income

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 _____

II. APPLICANT(S)' RESIDENCE

Physical Address	City	State	Zip
Mailing Address (If Different)	City	State	Zip
Do you own, rent or lease?	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		
Bodies of water?	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: _____		
Languages spoken in the home:			

III. RELATIONSHIP HISTORY

If currently married or in a domestic partnership with the other applicant:
Date: _____ Place (City and State): _____ <input type="checkbox"/> N/A

Applicant One:
If currently married or in a domestic partnership with someone who is not an applicant:
Date: _____ Place (City and State): _____ <input type="checkbox"/> N/A
<i>*Please include the individual in Section V. if the individual resides or is regularly present in the home.</i>
Have you had previous marital or domestic partnerships?
<input type="checkbox"/> Yes If yes, how many?: _____ <input type="checkbox"/> None

Applicant Two:
If currently married or in a domestic partnership with someone who is not an applicant:
Date: _____ Place (City and State): _____ <input type="checkbox"/> N/A
<i>*Please include the individual in Section V. if the individual resides or is regularly present in the home.</i>
Have you had previous marital or domestic partnerships?
<input type="checkbox"/> Yes If yes, how many?: _____ <input type="checkbox"/> None

IV. MINOR CHILDREN RESIDING IN THE HOME

(PLEASE IDENTIFY DEPENDENT CHILDREN PLACED IN YOUR HOME IN SECTION VI.)

Name of Minor Child	Relationship to Applicant(s)	Date of Birth	Gender	Do You Financially Support This Child?
				<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, INCLUDING ADULT CHILDREN OF APPLICANT(S), RESIDING OR REGULARLY PRESENT IN THE HOME (PLEASE IDENTIFY NMDs PLACED IN YOUR HOME IN SECTION VI.)

EACH ADULT RESIDING OR REGULARLY PRESENT IN THE HOME MUST COMPLETE A CRIMINAL RECORD STATEMENT RFA 01B. (DOES NOT APPLY TO NONMINOR DEPENDENTS)

Full Name (First, Middle Initial & Last)	Date of Birth	Relationship To Applicant(s)	Residing	Regularly Present

VI. CHILD/NMD DESIRED

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

Name of Child or NMD (First & Last)	Date of Birth	Gender	Relationship to Applicant	Date of Placement or Planned Placement	County of Jurisdiction

VI. CHILD/NMD DESIRED (Continued)

PLEASE INDICATE YOUR PREFERENCES:

Ages(s)				
<input type="checkbox"/> 0 to 2 yrs	<input type="checkbox"/> 3 to 7 yrs	<input type="checkbox"/> 8 to 12 yrs	<input type="checkbox"/> 13 to 15 yrs	<input type="checkbox"/> 16 to 17 yrs
<input type="checkbox"/> 18 to 20 yrs	<input type="checkbox"/> No preference			
Sibling Group				
<input type="checkbox"/> None	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 or more

VII. FOSTER CARE/ADOPTION/LICENSURE HISTORY

Applicant One:

- Have you previously been or are you currently approved for adoption, an approved relative or nonrelative extended family member, or previously or currently licensed, certified, or approved to provide foster care?
 Check one: Yes No
 If yes, name of agency(s): _____
 Type of license/certification/approval: _____
 If yes, are you aware of any pending complaints or administrative actions? Yes No
- Have you previously been or are you currently licensed to operate a child care center, family child care home, or residential care facility for the elderly or chronically ill?
 Check one: Yes No
 If yes, type of license: _____
- Have you previously been or are you currently employed by or volunteering at a community care facility, child care center, family child care home, or residential care facility for the elderly or chronically ill?
 Check one: Yes No
 If yes, name the facility(s): _____
- Have you had a previous license, certification, relative or nonrelative extended family member approval, Resource Family approval, or portability application denial?
 Check one: Yes No
 If yes, name of agency(s): _____
- Have you had a license, certification, or approval suspended, revoked, or rescinded?
 Check one: Yes No
 If yes, name of agency(s): _____
- Have you been subject to an exclusion order?
 Check one: Yes No

VII. FOSTER CARE/ADOPTION/LICENSURE HISTORY (Continued)

Applicant Two:

- Have you previously been or are you currently approved for adoption, an approved relative or nonrelative extended family member, or previously or currently licensed, certified, or approved to provide foster care?
 Check one: Yes No
 If yes, name of agency(s): _____
 Type of license/certification/approval: _____
 If yes, are you aware of any pending complaints or administrative actions? Yes No

- Have you previously been or are you currently licensed to operate a child care center, family child care home, or residential care facility for the elderly or chronically ill?
 Check one: Yes No
 If yes, type of license: _____

- Have you previously been or are you currently employed by or volunteering at a community care facility, child care center, family child care home, or residential care facility for the elderly or chronically ill?
 Check one: Yes No
 If yes, name the facility(s): _____

- Have you had a previous license, certification, relative or nonrelative extended family member approval, Resource Family approval, or portability application denial?
 Check one: Yes No
 If yes, name of agency(s): _____

- Have you had a license, certification, or approval suspended, revoked, or rescinded?
 Check one: Yes No
 If yes, name of agency(s): _____

- Have you been subject to an exclusion order?
 Check one: Yes No

VIII. REFERENCES

Please list the name, telephone number(s), and address of two individuals who have knowledge of your home environment, lifestyle, and ability to be a Resource Family.

Full Name	Telephone Number(s)	Mailing Address/City/State/Zip or Email Address

IX. APPLICANT(S) DECLARATION

I/We declare that:

- I/We have the financial ability to ensure the stability and financial security of the family.
- In signing this application, I/we understand that the completion of routine forms will or may be required by my/our references, physician, and employer, that my/our financial status will be verified, and a background check will be conducted.
- I/We affirm that the information provided on this form is true, correct, and contains no material omissions of fact to the best of my/our knowledge and belief.
- I/We understand any false or misleading statements willfully or knowingly made to the County or Department, or failure to disclose material facts 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.
- I/We understand that personal information contained on this application may be shared with the following:
 - (1) A placement agency or juvenile court for the purpose of determining whether to place a child or nonminor dependent.
 - (2) Any approval agency to which a Resource Family applies for subsequent approval.
 - (3) A tribal agency.
 - (4) The State Department of Social Services.
 - (5) A member of a child welfare agency in the sending state for placement pursuant to the Interstate Compact on the Placement of Children.
 - (6) As otherwise required by law.

Applicant(s) Signature	City & County Where Signed	Date
Applicant One:		
Applicant Two:		

Resubmission of Application		
If this application is being resubmitted within 12 months of a withdrawal or cease review, the County shall verify the information is current and require the applicant(s) to sign below.		
Applicant(s) Signature	City & County Where Signed	Date
Applicant One:		
Applicant Two:		
RFA Program Staff:		

1. PLEASE LIST ALL FAMILY MEMBERS (PARENTS, SIBLINGS, SONS, & DAUGHTERS) OF APPLICANT

Name (First, Last)	Age	Relationship	Occupation or School situation	Location and living Situation (Date of death if deceased)

*If more space is needed, please use an additional sheet.

2. HOME

Type of Residence (House, Apartment, Condominium, etc.):

Square Footage:

Number of Bedrooms:

Number of Bathrooms:

Length of time in current residence:

Do you have any pets in the home? If yes, please describe (What type, where are they kept). Please indicate who is responsible for them.



3. FAMILY LIFESTYLE

Please describe your current and proposed childcare arrangements and work and non-work day routines.

What are the basic household rules, roles and expectations?

Does your family have any current specific religious affiliation? If yes, please describe:

5. Day Care Provider

Are you currently a daycare provider? If so how many children are in your care? License # _____



PLEASE USE NET AMMOUNTS (AFTER TAXES AND DEDUCTIONS)	
MONTHLY INCOME:	AMOUNT
PRIMARY FOSTER PARENT	
Salary	\$
Unemployment/Social Security	\$
Disability/Retirement	\$
Child Support	\$
Alimony	\$
Other Sources of income (please specify)	\$
SUBTOTAL	\$
SECONDARY FOSTER PARENT	
Salary	\$
Unemployment/ Social Security	\$
Disability/Retirement	\$
Child Support	\$
Alimony	\$
Other Sources of income (please specify)	\$
SUBTOTAL	\$
OTHER INCOME (Rentals, Dividends, Loans)	\$
	\$
TOTAL INCOME	\$
MONTHLY EXPENSES:	
Mortgage, Rent	\$
Utilities (Water, Gas, Electricity)	\$
Car Expenses (Payment, Insurance, Gasoline)	\$
Food & Household Supplies	\$
Clothing	\$
Telephone (include cell phones)	\$
Credit Cards: 1.	\$
2.	\$
3.	\$
Insurance- Medical & Life	\$
Medical & Dental Payments	\$
Child Care and Tuition	\$
Child Support/ Alimony	\$
Entertainment (Movies, Dinner out, etc)	\$
Cable Television	\$
Transportation (Bus, Metro link, etc)	\$
Gardener / Maid Service	\$
Loan Payments (Personal, Student, etc)	\$
Other Expenses (please specify)	\$
	\$
	\$
	\$
Total	\$
TOTAL EXPENSES	\$

Applicant 1:

Do you have a savings account?	Y / N
Do you have life insurance?	Y / N
Are you under financial stress due to a lawsuit or creditors?	Y / N
Have you ever declared bankruptcy?	Y / N
Are you in the process of declaring bankruptcy?	Y / N
Have you any judgments against you?	Y / N
Do you have a retirement fund?	Y / N

Applicant 2:

Do you have a savings account?	Y / N
Do you have life insurance?	Y / N
Are you under financial stress due to a lawsuit or creditors?	Y / N
Have you ever declared bankruptcy?	Y / N
Are you in the process of declaring bankruptcy?	Y / N
Have you any judgments against you?	Y / N
Do you have a retirement fund?	Y / N

Important!! Your first reimbursement check may not come for over six weeks. Will you be able to provide for the foster child during this period?

Yes / No. PLEASE EXPLAIN:

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* * *

NOTICE: We reserve the right to request a written credit report.

For County/Agency Use Only
County: _____

RESOURCE FAMILY CRIMINAL RECORD STATEMENT

CONFIDENTIAL DOCUMENT — FOR COUNTY USE ONLY

Instructions: Each Resource Family applicant and adult residing in or regularly present in the home must complete this Criminal Record Statement.

I. OUT-OF-STATE DISCLOSURE (This section applies only to applicants and adults residing in the home.)

- **Have you lived in a state other than California within the last five years?** YES NO
If YES, identify each state and complete a **LIC 198B** for each state listed: _____

II. CRIMINAL RECORD STATEMENT

- **Have you ever been convicted of a crime in California?** *You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified in Health and Safety Code sections 11361.5 and 11361.7.*
 YES NO
- **Have you ever been convicted of a crime in another state, federal court, military, or a jurisdiction outside of the U.S.?** *Criminal convictions from another state or federal court are considered the same as criminal convictions in California.*
 YES NO
- **Have you ever been arrested for a crime against a child or for spousal/cohabitant abuse?**
 YES NO

III. DISCLOSURE OF CRIMINAL BACKGROUND

If you marked "yes," for any question in **Part II: Criminal Record Statement**, provide the following information regarding the conviction(s) and/or arrest(s) (Use additional paper if needed).

Offense(s) (Include Date(s) and Location(s)):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Briefly explain the circumstances of each offense. (Use additional paper if needed)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

You must disclose convictions, including reckless and drunk driving convictions even if:

- It happened a long time ago;
- It was only a misdemeanor;
- You didn't have to go to court (your attorney went for you);
- You had no jail time or the sentence was only a fine or probation;
- You received a certificate of rehabilitation; or
- The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) MAY RESULT IN AN EXEMPTION DENIAL, APPLICATION DENIAL, RESCISSION OF APPROVAL, OR EXCLUSION FROM A RESOURCE FAMILY HOME.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

Name of Resource Family:		
Your Full Name (Print Clearly):		
Residence Address (Street, City, Zip):		
Social Security Number (See Privacy Statement):	Date of Birth:	Driver's License Number/State:
Signature:		Date:

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be approved as a Resource Family, or to reside or be regularly present in the home of a Resource Family, the law requires that you complete a criminal background check (Welfare and Institutions Code section 309, 361.4, and 16519.5). The approval agency will create a file concerning your criminal background check that will contain certain documents, including information that you provide. Personal information, including criminal history information, collected in the course of completing your background check will be included in a Written Report. The Written Report may be shared with any of the following: (1) An applicant or a Resource Family with whom you are associated; (2) a placement agency or juvenile court for the purpose of determining whether to place a child or nonminor dependent; (3) any approval agency to which the Resource Family's approval is subsequently transferred or by which the Resource Family is subsequently approved; (4) as otherwise required by law. You have the right to access certain records containing your personal information maintained by the approval agency (Civil Code section 1798 et seq.). Under the California Public Records Act, the approval agency may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

(AGENCY OR INDIVIDUAL FROM WHOM INFORMATION IS REQUESTED)

To: Los Angeles, Riverside, Orange, and San Bernardino County Department of Children and Family Services

I, _____, RESIDING AT _____

_____, HEREBY AUTHORIZE YOU TO RELEASE TO THE

David and Margaret Foster Family Agency 191592787

(NAME OF AGENCY, INSTITUTION, INDIVIDUAL PROVIDER)

SPECIFIC

INFORMATION REQUESTED BY THIS AGENCY WHICH I CANNOT PROVIDE CONCERNING Background/reference checks, clearances from LA County

Riverside, Orange, and San Bernardino County and any other information that will assist in my approval as a

Resource parent.

THIS INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSE of becoming a Resource parent with David and Margaret

Foster Family Agency and maintaining annual approval.

THIS FORM WAS COMPLETED IN ITS ENTIRETY AND WAS READ BY ME (OR READ TO ME) PRIOR TO SIGNING.

SIGNATURE OF APPLICANT		DATE
BIRTHPLACE	BIRTHDATE	MAIDEN NAME OF MOTHER
SIGNATURE OR NAME OF SPOUSE		DATE
BIRTHPLACE OF SPOUSE	BIRTHDATE OF SPOUSE	MAIDEN NAME OF SPOUSE'S MOTHER

**County of Los Angeles - Department of Children and Family Services (DCFS)
 Out-of-Home Care Management Division (OHCMD) & Probation Department (Probation)
 Placement Permanency & Quality Assurance (PPQA)
 FFA/GH and STRTP Quality Assurance Section**

CHILD WELFARE HISTORY REVIEW FORM
(Please type or print legibly)

Agency Name and Location: David & Margaret Foster Care and Adoption Services
1350 Third St La Verne, CA 91750

Date: _____

Prospective Resource Parents (RP)	RP #1	RP #2
First Name		
Middle Name		
Last Name		
Maiden Name		
Other Names Used	1.	1.
<input type="checkbox"/> Not Applicable	2.	2.
	3.	3.
	4.	4.
Date of Birth		
California Driver License # or, if no Driver License, California Identification # or Military Identification #		
Current Address		
Prior Address(es) within the last 5 Years	1.	1.
	2.	2.
	3.	3.
	4.	4.
Have you ever been approved/certified by another FFA, licensed by a County or State as a Resource/Foster Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.	1.	1.
If yes, list all agencies (including Out-of-County agencies), year of approval/certification and County or State where you were approved/certified or licensed as a Resource/Foster Parent.	2.	2.
	3.	3.

<p>If decertified or your approval was rescinded before, please provide FFA Name(s) and reason for decertification/rescission (attach additional page, if needed).</p>	<input type="checkbox"/> N/A 1. 2.	<input type="checkbox"/> N/A 1. 2.
<p>Have you ever been investigated for abuse or neglect allegations of any children (e.g. biological, adopted, legal guardian or foster parent)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

This Section Pertains to the Minor Children of the Resource Parent(s)

Children's Names	#1	#2
First Name		
Middle Name		
Last Name		
Date of Birth		
Relationship	<input type="checkbox"/> Birth <input type="checkbox"/> Adopted <input type="checkbox"/> Step Child <input type="checkbox"/> Legal Gdn <input type="checkbox"/> NREFM	<input type="checkbox"/> Birth <input type="checkbox"/> Adopted <input type="checkbox"/> Step Child <input type="checkbox"/> Legal Gdn <input type="checkbox"/> NREFM

(Please attach additional page, if needed)

I (we) declare under penalty of perjury that I (we) understand the above questions and that the responses and accompanying attachments I (we) am (are) providing are true and correct.

Resource Parent # 1 signature Date

Resource Parent # 2 signature Date

I have reviewed the documentation provided and discussed the above information with the Resource Parent(s). I have received a signed release of information for every Resource Parent(s) and any other identified adult(s), which is/are attached to this form.

Print name and Title of FFA Representative

Signature of FFA Representative Date