



RESOURCE FAMILY APPLICATION (INITIAL)

Full Name of Applicant 1: _____

Phone number: _____ Email: _____

Full Name of Applicant 2: _____

Phone number: _____ Email: _____

_____ RFA Application

_____ RFA Supplemental Application

_____ Criminal Record Statement (LIC 508D) – 1 Per Applicant/Signature Required

- **Applicant 1:** Have you been convicted of a crime in California, another state, or in federal court? YES/NO
- **Applicant 2:** Have you been convicted of a crime in California, another state, or in federal court? YES/NO

OUT OF STATE (WITHIN THE LAST 5 YEARS)

- **Applicant 1:** Has the individual lived out of state within the last 5 years? YES/NO
 - If yes, what state/s? _____
- **Applicant 2:** Has the individual lived out of state within the last 5 years? YES/NO
 - If yes, what state/s? _____

_____ Address History – 1 Per Applicant

_____ Release of Information – Signature Required

_____ CMS Release of Information – Signature Required

_____ CMS History Form – Signature Required

PLEASE NOTE:

*Please retain all original documents

* You may email your completed application to rfrecruitment@all4kids.org

* If you prefer to mail your application please call (800) 730 – 3933 for mailing address

AGENCY USE ONLYRF ID #: _____
FFA: _____**RESOURCE FAMILY APPLICATION****Instructions:** This is the application form for Resource Family Approval by a foster family agency. Please type or print clearly. INITIAL APPLICATION OTHER (SPECIFY) : _____**I. APPLICANT(S): EACH APPLICANT MUST COMPLETE AN OUT-OF-STATE DISCLOSURE & CRIMINAL RECORD STATEMENT LIC 508 D.**

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	
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 NAMES 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

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.			
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.

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 (PLEASE DO NOT INCLUDE NAME OF CHILD)

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 OR REGULARLY PRESENT IN THE HOME

Each adult residing or regularly present in the home must complete an Out-of-State Disclosure & Criminal Record Statement LIC 508D.

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

VI. APPLICANT(S) HISTORY

MARITAL / DOMESTIC PARTNERSHIP HISTORY			
NAME OF FORMER SPOUSE / DOMESTIC PARTNER	MARRIAGE / DOMESTIC PARTNERSHIP DATE AND PLACE (CITY AND STATE)	DIVORCE / DOMESTIC PARTNERSHIP TERMINATION / DISSOLUTION DATE & PLACE	DEATH DATE & PLACE
APPLICANT ONE:			
APPLICANT TWO:			

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

VII. CHILD DESIRED

- Has a child been identified? Check one: Yes No If yes, complete LIC 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)
<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
SIBLING (GROUP OF)
<input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more

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 or chronically ill?
 - 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 or chronically ill?
 - If yes, name the facility(s): _____
- Have you had a previous license, certification, relative or nonrelative extended family member approval, or resource family approval 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

IX. REFERENCES

Please list the name, telephone number(s), and address of three 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	EMAIL ADDRESS (OPTIONAL)

X. 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 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 foster family agency 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.

APPLICANT(S) SIGNATURE	CITY AND COUNTY WHERE SIGNED	DATE



Children’s Bureau welcomes all capable families regardless of age, sex, race, ethnicity, religion, sexual orientation, gender identity or expression, marital or domestic partnership status, physical characteristics, national origin, medical status or disability status.

How did you find out about our agency? _____

Religious Affiliation: _____

PLEASE LIST ALL PETS IN HOME:

Type of Pet	If dog(s), date of current rabies shot(s)

PLEASE LIST ALL VEHICLES OWNED:

Make/Model	Year	License Plate #	Name of Insurance Co.

PLEASE LIST AN EMERGENCY CONTACT WHO USUALLY KNOWS YOUR WHEREABOUTS:

Name:	Relationship:
Day Phone:	Evening Phone:

If you have questions or would like more information regarding the Written Directives governing the Resource Family Approval Program you can find more information at:
www.childsworld.ca.gov/PG3416.htm

For more information for personal rights under Welfare and Institutions Code section 16001.9 you can find more information at:
http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=16001.9

For more information about Reasonable and Prudent Parent Standard (RPPS) you can find more information at: <http://www.fosterfamilyhelp.ca.gov/PG3001.htm>

PLEASE ATTACH UPDATED FLOOR PLAN

A floor plan of your home and lot (yard) is required. It should be close to scale.

An example is provided for your review.

Please provide the following information on your floor plan:

- Name and measure each room.
- Indicate doors and windows.
- Indicate which room or rooms will be used for child(ren) in care.
- Name, measure and indicate any structure or body of water outside the home. Include all Jacuzzis or spas, pools, guest houses, ponds, etc.
- Measure and indicate yard and fencing.
- Location of meeting place in case of evacuation.

A copy of the floor plan will be returned to you. It will be displayed, along with emergency phone numbers, to establish an emergency exit plan.

Our home is: _____ 1 story _____ 2 story _____ tri-level

It is a: ___ House ___ Condo ___ Apartment ___ Town Home ___ Mobile Home

It has _____ Bedrooms

Fenced Yard: _____ Yes _____ No

Swimming Pool: _____ Yes _____ No If yes, is pool fenced? ___ Yes ___ No

Jacuzzi or Spa: _____ Yes _____ No If yes, is it fenced or has locked cover? ___ Yes ___ No

Please list who sleeps in each bedroom:

Bedroom 1: a. _____

b. _____

c. _____

Bedroom 3: a. _____

b. _____

c. _____

Bedroom 5: a. _____

b. _____

c. _____

Bedroom 2: a. _____

b. _____

c. _____

Bedroom 4: a. _____

b. _____

c. _____

Bedroom 6: a. _____

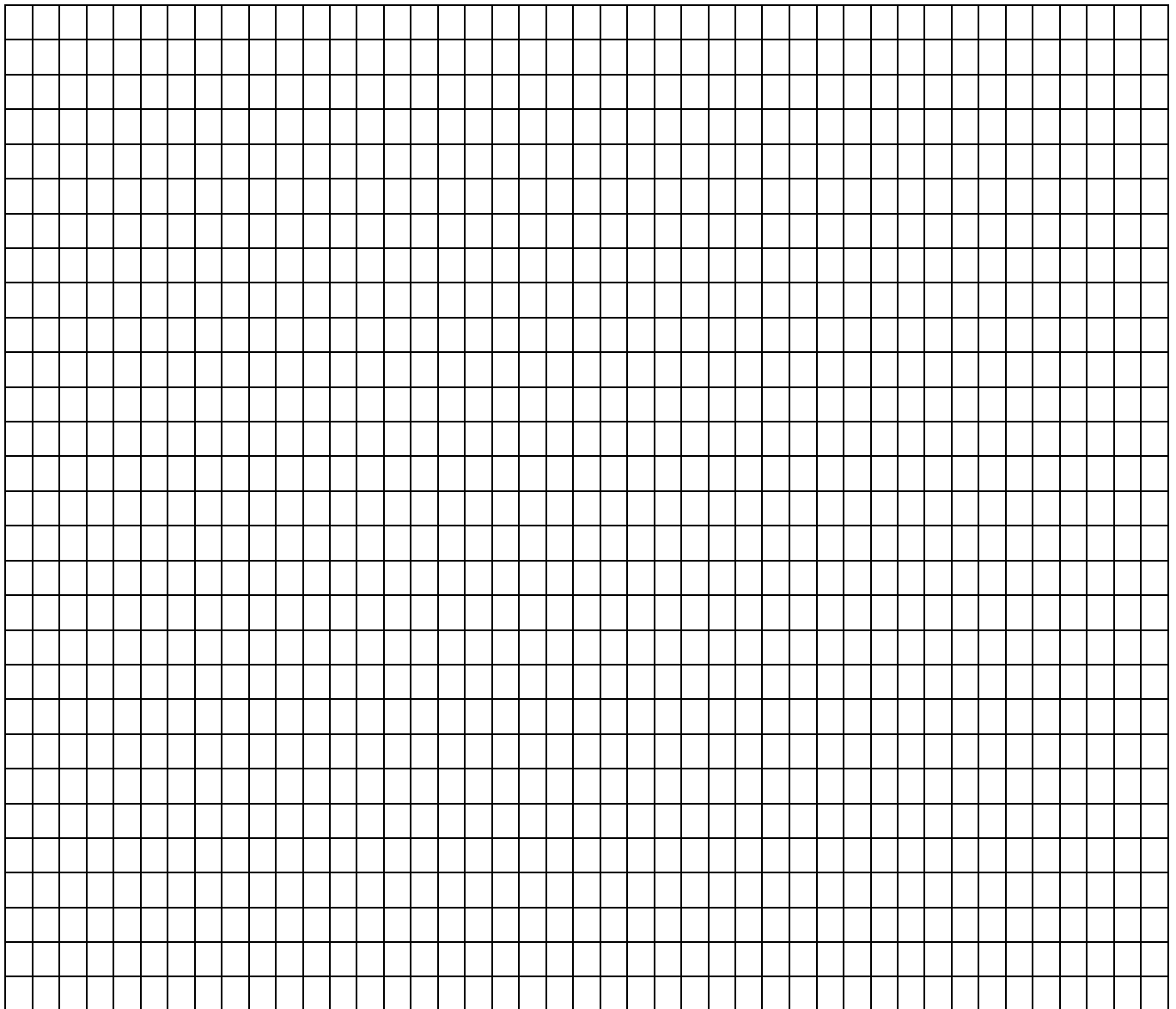
b. _____

c. _____

FACILITY SKETCH (Floor Plan)

Applicants are required to provide a sketch of the floor plan of the home or facility and outside yard. The Floor Plan must label rooms such as the kitchen, bath, living room, etc. Circle the names of the rooms that will be used by clients/children. Door and window exits from the rooms must be shown in case of an emergency (see Emergency Disaster Plan). Show room sizes (e.g. 8.5 x 12). Keep close to scale. Use the space below. See next page for Yard Sketch.

Family Name:	Address:
---------------------	-----------------

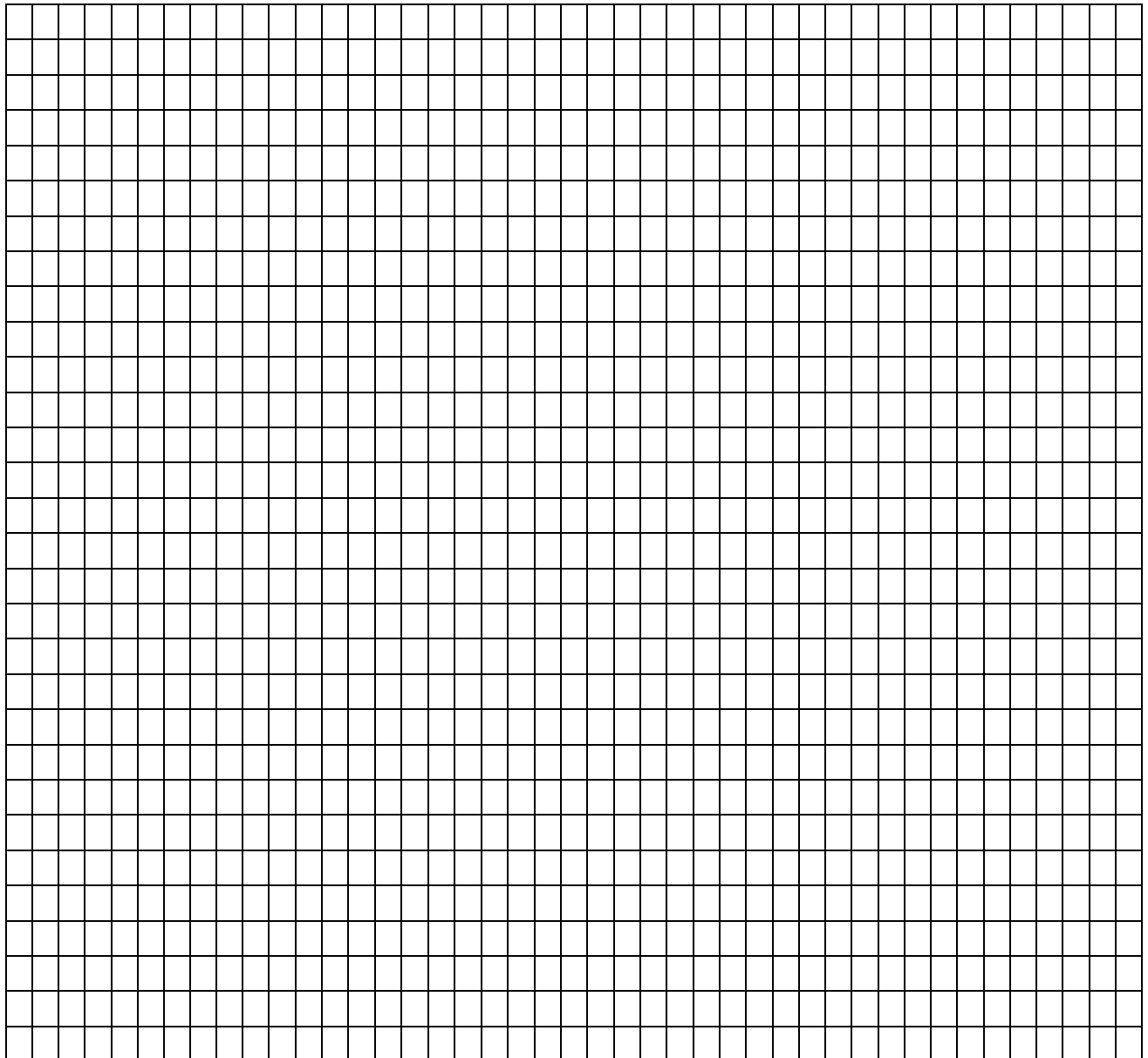


FACILITY SKETCH (Yard)

The Yard Sketch should show all buildings in the yard including the home (with no detail), garage and storage building. Include walks, driveways, play area, fences, and gates. Show any potentially hazardous areas such as pools, garbage storage, animal pens, etc. Show the overall yard size. Try to keep the sizes close to scale. Use the space below.

Family Name:

Address:



Applicant 1:

1. Are you currently taking any medications?

If yes, list medications:

2. Is there any medical condition that the agency should be made aware of?

If yes, explain:

3. Are you currently seeing a counselor, therapist or psychiatrist?

If yes, explain:

4. Have you ever in the past seen a counselor, therapist or psychiatrist?

If yes, explain (how long ago and reason):

5. Do you have a current or past- history of any drug or alcohol use?

If yes, explain:

Applicant 2:

1. Are you currently taking any medications?

If yes, list medications:

2. Is there any medical condition that the agency should be made aware of?

If yes, explain:

3. Are you currently seeing a counselor, therapist or psychiatrist?

If yes, explain:

4. Have you ever in the past seen a counselor, therapist or psychiatrist?

If yes, explain (how long ago and reason):

5. Do you have a current or past- history of any drug or alcohol use?

If yes, explain:

If you have ever been arrested, please be prepared to discuss with the agency representative and provide the required documentation. This includes any arrest or offenses resulting in a ticket that required you to appear in court.

Documents Required:

- Copy of law enforcement agency arrest report, copy of ticket or a letter from law enforcement agency stating records no longer available.
- Copy of court documents if applicable.
- A statement from you on a separate piece of paper stating:
 - What happened and when?
 - What was the court outcome?
 - What did you learn from this experience and who are you today?

Applicant 1:

Have you ever been arrested for an offense other than a minor traffic violation?

If yes, please give brief explanation:

Applicant 2:

Have you ever been arrested for an offense other than a minor traffic violation?

If yes, please give brief explanation:

Directions for completing the Resource Family Criminal Record Statement:

1. Please be sure to include all convictions including those that were dismissed or expunged. If you have questions completing this form, please speak with the agency representative who has been assisting you.
2. Signature is required on both pages.

OUT-OF-STATE DISCLOSURE & CRIMINAL RECORD STATEMENT

Foster Family Homes, Small Family Homes, Certified Family Homes

Complete both pages and sign on page 2.

I. OUT-OF-STATE DISCLOSURE

Foster Family Homes, Small Family Homes, Certified Family Homes, and approved homes at time of application only

Have you lived in a state other than California within the last five years? YES NO

If YES, identify each state and complete an LIC 198B for each state listed:

II. CRIMINAL RECORD STATEMENT

Foster Family Homes, Small Family Homes, Certified Family Homes

State law requires that a person associated with licensed facilities or approved homes be fingerprinted, and disclose any conviction. A conviction is a plea of guilty, nolo contendere (no contest), or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you have.

Have you ever been convicted of a crime in California? YES NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime in another state, federal court, military, or a jurisdiction outside of the U.S.? YES NO

For Foster Family and Certified Family Homes only:

Have you ever been arrested for a crime against a child or for spousal/cohabitant abuse? YES NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California

If YES, give details on the back of this page indicating the nature and circumstances of each crime, date and location in which each crime occurred.

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) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

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.		
FACILITY OR CAREGIVER NAME		FACILITY NUMBER
YOUR NAME (Print clearly)		
YOUR ADDRESS (street, city, zip)		
SOCIAL SECURITY NUMBER <small>(SEE PRIVACY STATEMENT ON REVERSE)</small>	DRIVER'S LICENSE NUMBER/STATE	DATE OF BIRTH
SIGNATURE		DATE

INSTRUCTIONS TO RESPONDENT:

If you have been convicted of a crime in California, another state, or in federal court, provide the following information:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)

What was the offense?

In which state and city did you commit the offense? _____

When did this happen? _____

Tell us what happened. (Use additional paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge

Signature _____ **Date** _____

If you have any questions about this form, please contact your local licensing regional office or approval agency.

INSTRUCTIONS TO LICENSEES ONLY:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

INSTRUCTIONS TO REGIONAL OFFICES AND FOSTER FAMILY AGENCIES:

If the person discloses that they have lived in another state within the last five (5) years, send this form and LIC 198B(s) to the Caregiver Background Check Bureau, 744 P Street, MS 9-15-62, Sacramento, CA 95814.

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, licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871; Welfare and Institutions Code section 361.4) The licensing or approval agency will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the licensing or approval agency (Civil Code section 1798 et seq.). Under the California Public Records Act, the licensing or 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.

OUT-OF-STATE DISCLOSURE & CRIMINAL RECORD STATEMENT

Foster Family Homes, Small Family Homes, Certified Family Homes

Complete both pages and sign on page 2.

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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) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

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.		
FACILITY OR CAREGIVER NAME		FACILITY NUMBER
YOUR NAME (Print clearly)		
YOUR ADDRESS (street, city, zip)		
SOCIAL SECURITY NUMBER <small>(SEE PRIVACY STATEMENT ON REVERSE)</small>	DRIVER'S LICENSE NUMBER/STATE	DATE OF BIRTH
SIGNATURE		DATE

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What was the offense?

In which state and city did you commit the offense? _____

When did this happen? _____

Tell us what happened. (Use additional paper if needed)_____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge

Signature _____ **Date** _____

If you have any questions about this form, please contact your local licensing regional office or approval agency.

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AUTHORIZATION FOR RELEASE OF INFORMATION GATHERED IN CONVERSION HOME STUDIES

During the home study process, information that is of sensitive & personal nature is gathered. It is used to determine the appropriateness of the adoption plan.

If there are co-applicants, information obtained in individual interviews may be shared with the co-applicant during the home study process.

Children's Bureau of Southern California is respectful of the applicant's privacy. If the applicant requests that specific information not be shared, the request will be honored. Such a request may affect the agency's ability to proceed with the home study.

Prior to the finalization of the home study report, applicants are requested to review it for accuracy and to sign the finalized written home study.

I have read the above information and agree to the above conditions. I authorize written and verbal correspondence with the child's county social worker pertaining to the information gathered for foster care and/or adoption planning. I also authorize the release of the written home study by Children's Bureau of Southern California to the parties indicated below:

Children's Bureau Staff

Child's County social worker & agency

Co-Applicant

Other

I understand that this authorization can be revoked at any time. Unless revoked, this authorization will be considered valid until the termination of my relationship with Children's Bureau of Southern California.

Applicant

Date

Co-Applicant

Date

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

(AGENCY OR INDIVIDUAL FROM WHOM INFORMATION IS REQUESTED)

To: Department of Children & Family Services

I, _____, RESIDING AT _____

_____ HEREBY AUTHORIZE YOU TO RELEASE TO THE

Children's Bureau of Southern California

(NAME OF AGENCY, INSTITUTION, INDIVIDUAL PROVIDER)

_____ SPECIFIC

INFORMATION REQUESTED BY THIS AGENCY WHICH I CANNOT PROVIDE CONCERNING CWS/CMS State Information Database

THIS INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSE I am applying to be a resource parent with Children's Bureau

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

SIGNATURE OF APPLICANT		DATE
BIRTHPLACE	BIRTHDATE	MAIDEN NAME OF MOTHER
SIGNATURE OF APPLICANT		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: _____

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
If yes, list all agencies (including Out-of-County agencies), year of approval/certification and County or State where you were approved/certified or	1.	1.
	2.	2.
	3.	3.

licensed as a Resource/Foster Parent.		
If decertified or your approval was rescinded before, please provide FFA Name(s) and reason for decertification/rescission (attach additional page, if needed).	<input type="checkbox"/> N/A 1. 2.	<input type="checkbox"/> N/A 1. 2.
Have you ever been investigated for abuse or neglect allegations of any children (e.g. biological, adopted, legal guardian or foster parent)	<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