

RESOURCE FAMILY APPLICATION

Agency Use Only
FFA: _____

Instructions: This is the application for Resource Family Approval by a foster family agency. Please type or print clearly.

Application **Other (Specify):** _____

I. APPLICANT(S): EACH APPLICANT MUST COMPLETE AN OUT-OF-STATE DISCLOSURE AND CRIMINAL RECORD STATEMENT LIC 508D.

First		Middle	Last	
Applicant One (Legal Name):				
Preferred/Chosen Name:				
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 (Legal Name):				
Preferred/Chosen Name:				
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 AN OUT-OF-STATE DISCLOSURE AND CRIMINAL RECORD STATEMENT LIC 508D. (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 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.
- 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, the foster family agency 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:		
FFA SW Personnel:		



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 hear about our agency? _____

Has either applicant served in the US military? _____

Optional: 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:
<https://www.cdss.ca.gov/inforesources/Resource-Family-Approval-Program> 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: <https://www.cdss.ca.gov/inforesources/Caregiver-Advocacy-Network/Reasonable-and-Prudent-Parent-Standard>

Please add an additional reference: include name, address and email address:



PLEASE ATTACH UPDATED FLOOR PLAN

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 Jacuzzi or spa fenced or has locked cover? Yes No

Please list who sleeps in each bedroom:

Bedroom 1: a. _____
b. _____
c. _____

Bedroom 2: a. _____
b. _____
c. _____

Bedroom 1: a. _____
b. _____
c. _____

Bedroom 2: a. _____
b. _____
c. _____

Bedroom 1: a. _____
b. _____
c. _____

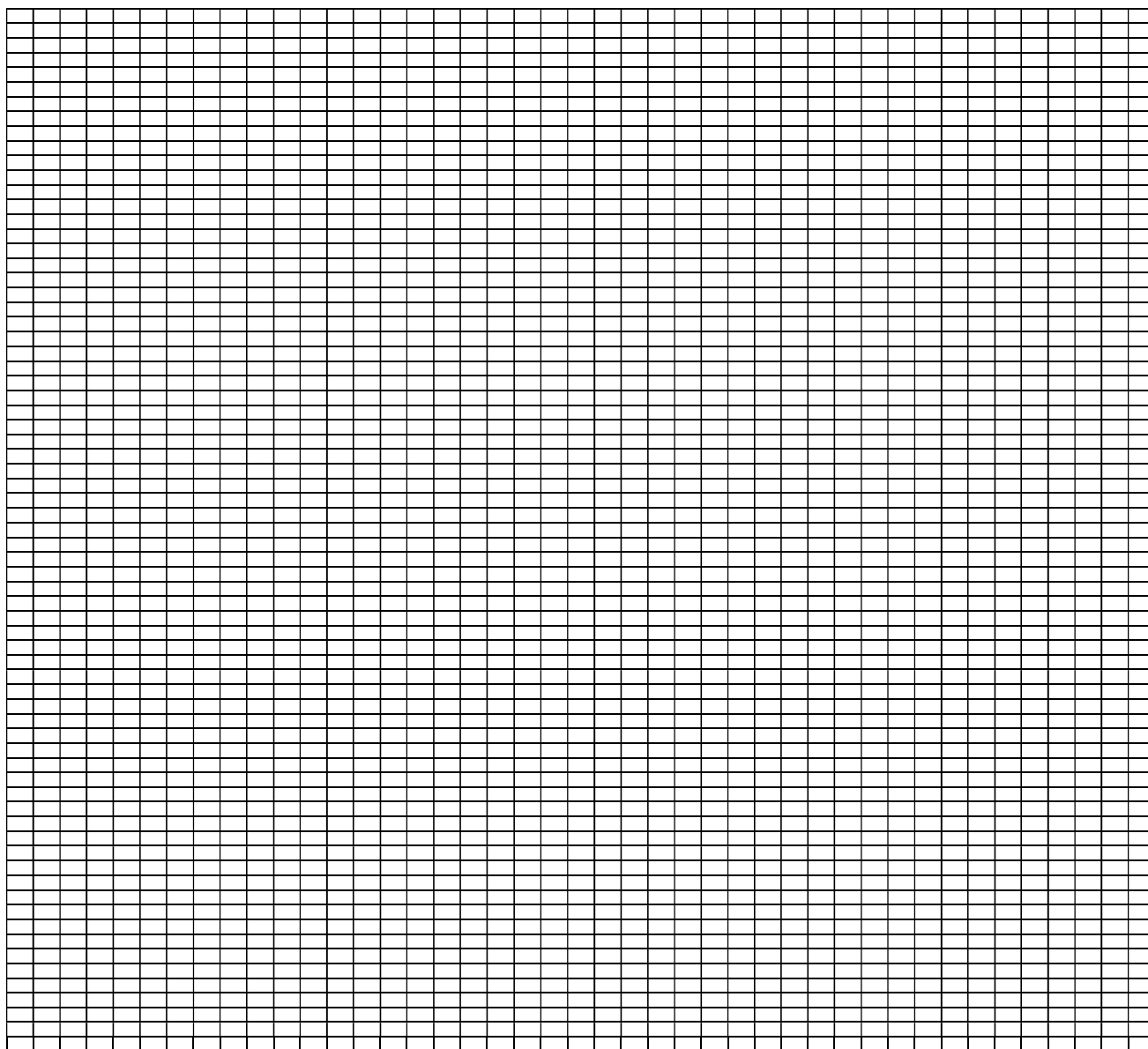
Bedroom 2: a. _____
b. _____
c. _____

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:

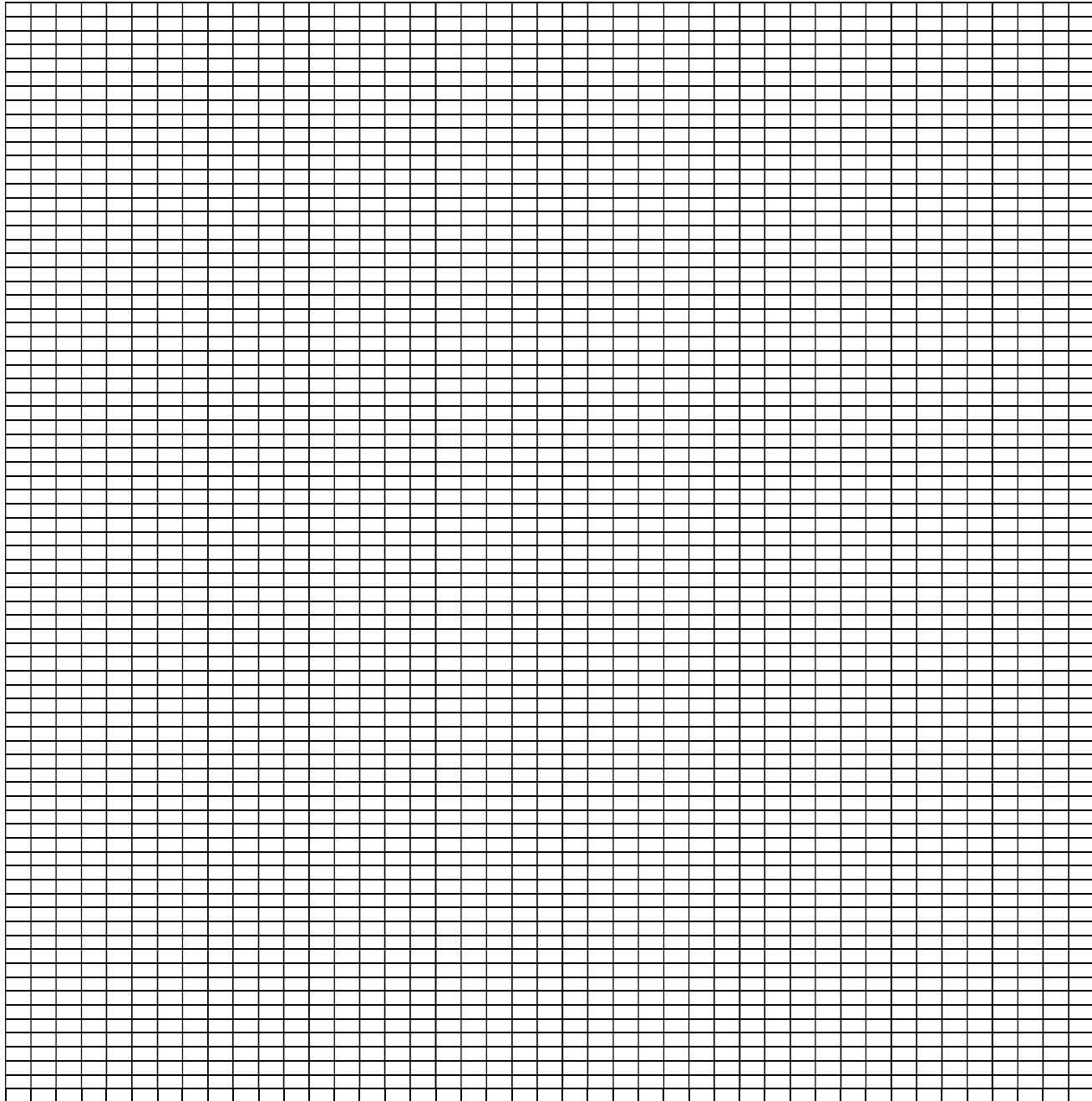


FACILITY SKETCH (Yard)

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 potential hazardous area 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 one:

1. Are you currently taking any medications? Yes No

If yes, list medications:

2. Is there any medical condition that the agency should be made aware of? Yes No

If yes, please explain:

3. Are you currently seeing a counselor, therapist or psychiatrist? Yes No

If yes, please explain:

4. Have you ever in the past seen a counselor, therapist or psychiatrist? Yes No

If yes, please explain:

5. Do you have a current or past-history of any drug or alcohol use? Yes No

If yes, please explain:



Applicant two:

1. Are you currently taking any medications? Yes No

If yes, list medications:

2. Is there any medical condition that the agency should be made aware of? Yes No

If yes, please explain:

3. Are you currently seeing a counselor, therapist or psychiatrist? Yes No

If yes, please explain:

4. Have you ever in the past seen a counselor, therapist or psychiatrist? Yes No

If yes, please explain:

5. Do you have a current or past-history of any drug or alcohol use? Yes No

If yes, please 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?
 - What was the court outcome?
 - What did you learn from this experience and who are you today?

Applicant one:

Have you ever been arrested for an offense other than a minor traffic violation? Yes No

If yes, please give brief explanation:

Applicant two:

Have you ever been arrested for an offense other than a minor traffic violation? Yes No

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.



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



ADDRESS HISTORY

Please list your addresses for the last 10 years.

Family Name _____

From/To Date	Address, include city & state



ADDRESS HISTORY

Please list your addresses for the last 10 years.

Family Name _____

From/To Date	Address, include city & state



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.

Form with fields for SIGNATURE OF APPLICANT, DATE, BIRTHPLACE, BIRTHDATE, MAIDEN NAME OF MOTHER, and SPOUSE information.