

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):** _____Were you referred to the RFA Program by a Tribe? Yes No

If "Yes" provide name of the Tribe and contact information if known: _____

I. APPLICANT(S): EACH APPLICANT MUST COMPLETE A 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	
Tribal Affiliation				
<input type="checkbox"/> Member <input type="checkbox"/> Descendant				
Name of Tribe:				
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	

Tribal Affiliation			
<input type="checkbox"/> Member <input type="checkbox"/> Descendant Name of Tribe:			
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? <i>Please check one.</i>			
<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: _____

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- 1 Have you had a license, certification, or approval suspended, revoked, or rescinded?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

Applicant Two:

- 1 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
- 1 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: _____
- 1 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): _____
- 1 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): _____
- 1 Have you had a license, certification, or approval suspended, revoked, or rescinded?
Check one: Yes No
If yes, name of agency(s): _____
- 1 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:

- 1 I/We have the financial ability to ensure the stability and financial security of the family.
- 1 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.
- 1 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.
- 1 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.
- 1 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:		