

RESOURCE FAMILY APPLICATION

Instructions: This is the application form for Resource Family Approval. Please type or print clearly.

I. APPLICANT(S)

| FIRST | MIDDLE | LAST | | |
|---|--------|--------------------------------------|-------------------------|---------------|
| APPLICANT ONE: | | | | |
| APPLICANT TWO: | | | | |
| PREVIOUS NAMES USED: *Including maiden name | | HIGHEST LEVEL OF EDUCATION COMPLETED | | |
| APPLICANT ONE: | | | | |
| APPLICANT ONE: | | | | |
| DATE OF BIRTH | SEX | RACE/ETHNICITY | DRIVER'S LICENSE NUMBER | |
| APPLICANT ONE: | | | | |
| APPLICANT TWO: | | | | |
| NAME/ADDRESS OF EMPLOYER | | WORK PHONE NUMBER | OCCUPATION | ANNUAL INCOME |
| APPLICANT ONE: | | | | |
| APPLICANT TWO: | | | | |
| EMAIL ADDRESS | | CELL PHONE NUMBER | HOME PHONE | |
| APPLICANT ONE: | | | | |
| APPLICANT TWO: | | | | |

II. APPLICANT(S)' RESIDENCE

| ADDRESS | 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? | | | |
| | | | |
| Please provide directions, including major cross-street information, to your residence. | | | |
| | | | |

III. RELATIONSHIP BETWEEN APPLICANTS

| | | | |
|---|---|--|--------------------------------|
| 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"/> OTHER |
| DATE OF CURRENT MARRIAGE/DOMESTIC PARTNERSHIP | | | |
| PLACE OF CURRENT MARRIAGE/DOMESTIC PARTNERSHIP (CITY AND STATE) | | | |

IV. MINOR CHILDREN RESIDING IN THE HOME

| RELATIONSHIP TO APPLICANT(S) | DATE OF BIRTH | SEX | 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 IN THE HOME

Each adult residing in the home must complete the attached Criminal Records Statement.

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

VI. APPLICANT(S) HISTORY

| MARITAL HISTORY | | | |
|-----------------------|--|----------------------|--------------------|
| NAME OF FORMER SPOUSE | MARRIAGE DATE & PLACE (CITY AND STATE) | DIVORCE DATE & PLACE | DEATH DATE & PLACE |
| APPLICANT ONE: | | | |
| | | | |
| APPLICANT TWO: | | | |
| | | | |

| ADULT CHILDREN OF APPLICANT(S) | | | | |
|--------------------------------|-----------------------|--------------|----------------|---------------|
| FULL NAME | ADDRES & PHONE NUMBER | RELATIONSHIP | LIVES IN HOME? | DATE OF BIRTH |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FOSTER CARE/ADOPTION HISTORY

- Have you previously applied for adoption?
If yes, name of Agency(s): _____
- Have you been previously licensed, certified, or approved for foster care?
If yes, name of Agency(s): _____
- What type of license did you obtain? _____
- Have you had a previous denial, exclusion, revocation, administrative action or decertification?
Check one: Yes No

VII. CHILD DESIRED

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

| DATE OF BIRTH OF CHILD | SEX | COUNTY OF DEPENDENCY | DATE OF PLACEMENT OR FUTURE DATE TO BE PLACED | RELATIONSHIP TO APPLICANT(S) | EDUCATION (GRADE, NAME & ADDRESS OF SCHOOL) |
|------------------------|-----|----------------------|---|------------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |

IF THE CHILD HAS NOT BEEN IDENTIFIED, PLEASE INDICATE YOUR PREFERENCES:

| AGE(S) | SEX | ETHNICITY | SIBLING (GROUP OF) | CHECK ALL CONDITIONS THAT YOU ARE WILLING TO ACCEPT |
|--|--|---|--|--|
| <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"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> No Preference | <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other | <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more <input type="checkbox"/> N/A | <input type="checkbox"/> History of physical abuse and/or neglect <input type="checkbox"/> History of sexual abuse <input type="checkbox"/> History of mental illness <input type="checkbox"/> Medically Fragile <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Intellectually Challenged <input type="checkbox"/> Learning Disability <input type="checkbox"/> Alcohol/Drug Exposure <input type="checkbox"/> Oppositional/Defiant Behavior <input type="checkbox"/> Adverse Parental Background <input type="checkbox"/> Different Religious Faith <input type="checkbox"/> Different Ethnic and/or Cultural Background <input type="checkbox"/> Non-Ambulatory |

VIII. REFERENCES

Please list the name, address, and telephone numbers of four individuals who have knowledge of your home environment, lifestyle, and capacity to be an adoptive parent or a guardian. At least two of these must be unrelated to you.

| FULL NAME | TELEPHONE NUMBER(S) | MAILING ADDRESS/CITY/STATE/ZIP |
|-----------|---------------------|--------------------------------|
| | | |
| | | |
| | | |
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IX. APPLICANT(S) DECLARATION

I/We declare that:

- I/We have the financial ability to maintain the level of care required in a Resource Family Home.
- I/We have the ability and willingness to comply with the applicable laws and regulations governing for the Resource Family Approval Program.
- I/We have the ability and willingness to acknowledge and understand children and nonminor dependents have personal rights under Welf & Inst Code Section 16001.9.
- I/We have the ability and willingness to understand the safety, needs, permanence, and well-being needs of children and nonminor dependents who have been victims of child abuse and neglect, and the capacity and willingness to meet those needs, including the need for protection.
- I/We have the ability and willingness to understand our role as a Resource Family and the capacity to work cooperatively with the agency, the county, and other service providers in implementing the child’s or nonminor dependent’s case plan.
- I/We have an ability and willingness to maintain the least restrictive and most family-like environment that serves the needs of the child or nonminor dependent, and am/are prepared to use the Reasonable and Prudent Parent Standard (RPPS).
- In signing this application, I/we understand that the completion of routine forms will be required of my/our references, physician, and employer and that my/our financial and marital status will be verified and a criminal background check will be conducted.
- I/We affirm that the information provided on this form is true and correct to the best of my/our knowledge.

| APPLICANT(S) SIGNATURE | CITY AND COUNTY WHERE SIGNED | DATE |
|------------------------|------------------------------|------|
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| | | |