

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



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

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 # _____



David & Margaret
Youth and Family Services
Foster Care and Adoption Services

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 & pagers) \$
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:

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

**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

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FOR RELEASE OF INFORMATION**

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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

OUT-OF-STATE DISCLOSURE & CRIMINAL RECORD STATEMENT

Foster Family Homes, Small Family Homes, Certified Family Homes, Resource Families

Complete both pages and sign on page 2.**I. OUT-OF-STATE DISCLOSURE**

Foster Family Homes, Small Family Homes, Certified Family Homes, and Resource Families 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, Resource Families

State law requires that a person associated with licensed facilities or approved homes be fingerprinted, and disclose any conviction. A conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere (no contest). 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 or a conviction for which relief has been granted pursuant to Penal Code section 1203.49.

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 & Resource Families only:

Have you ever been arrested for a crime against a child or for spousal/cohabitant abuse?☐ YES ☐ NOCriminal 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) MAY RESULT IN AN EXEMPTION DENIAL, APPLICATION DENIAL, LICENSE REVOCATION, DECERTIFICATION, RESCISSION OF APPROVAL, OR EXCLUSION FROM A LICENSED FACILITY, CERTIFIED FAMILY HOME, OR THE HOME OF A RESOURCE FAMILY.

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.

LICENSED FACILITY, CERTIFIED FAMILY HOME, OR RESOURCE FAMILY NAME:

David & Margaret Foster Care and Adoption Services

FACILITY NUMBER:

191592787

YOUR NAME (Print clearly):

YOUR ADDRESS (street, city, state, zip):

SOCIAL SECURITY NUMBER:
(SEE PRIVACY STATEMENT ON REVERSE)

DRIVER'S LICENSE NUMBER/STATE:

DATE OF BIRTH:

SIGNATURE:

DATE:

INSTRUCTIONS:

If you have been convicted of a crime in California, another state, federal court, military court, or jurisdiction outside the United States, then provide the following information:

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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 declare under penalty of perjury under the laws of the State of California 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 to the Caregiver Background Check Bureau, 744 P Street, MS T9-15-62, 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, a certified family home, or home of a resource family, the law requires that you complete a criminal background check. (Health and Safety Code sections 1517, 1522, 1568.09, 1569.17 and 1596.871; Welfare and Institutions Code section 16519.5) 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.

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LICENSED FACILITY, CERTIFIED FAMILY HOME, OR RESOURCE FAMILY NAME: David & Margaret Foster Care and Adoption Services		FACILITY NUMBER: 191592787
YOUR NAME (Print clearly):		
YOUR ADDRESS (street, city, state, zip):		
SOCIAL SECURITY NUMBER: (SEE PRIVACY STATEMENT ON REVERSE)	DRIVER'S LICENSE NUMBER/STATE:	DATE OF BIRTH:
SIGNATURE:		DATE:

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

When did this happen? _____

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

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct to the best of my knowledge.

Signature: _____

Date: _____

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**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	
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.	1.	1.	
	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>	<p><input type="checkbox"/> N/A</p> <p>1.</p> <p>2.</p>	<p><input type="checkbox"/> N/A</p> <p>1.</p> <p>2.</p>
<p>Have you ever been investigated for abuse or neglect allegations of any children (e.g. biological, adopted, legal guardian or foster parent)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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 _____

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)

CHILD WELFARE HISTORY REVIEW FORM

FOR COUNTY USE ONLY

Date: _____

Agency: _____

DCFS OHCMD/Probation Quality Assurance Manager: _____

Contact Information (Email): _____ (Phone): _____

☐ Child welfare history review completed. No concerns noted as of (Date) _____

☐ Concerns Noted.

☐ Name of Prospective Resource Parent(s): _____

RESULTS

☐ Substantiated Allegations of Child Abuse or Neglect

☐ Unfounded or Inconclusive Allegations of Child Abuse or Neglect

☐ Information as determined by the County to be pertinent to conducting a family evaluation

Details:

Please contact your assigned DCFS OHCMD/Probation PPQA Manager, if you have any questions.

PLEASE NOTE:

Child welfare history results are to be used as part of the FFA's Comprehensive Assessment of the prospective resource family and shall not solely be used to deny or approve a Resource Family Home.