AGENCY USE ONLY					
RF ID #:					
FFA:	RESOU	RCE FAMILY APP	LICATIO	ON	
Instructions: This is the app	olication form for Res	ource Family Approval by	a foster fa	mily agency. Please ty	pe or print clearly.
INITIAL APPLICATION INTERPRETARING I	OTHER (SPECIFY) :				
FIRST		MIDDLE			AST
APPLICANT ONE:					ASI
PREVIOUS NAMES USED: *inc	cluding maiden name	9	HIGH	EST LEVEL OF EDUC	CATION COMPLETE
					SATION COMPLETE
DATE OF BIRTH	GENDER	RACE/ETHNIC	ITY	DRIVER'S LIC	ENSE NUMBER
FMAIL ADDRESS (OI	TIONAL				
EMAIL ADDRESS (OI	PHONAL)	CELL PHONE NU	MBER	HOME PH	ONE NUMBER
NAME/ADDRESS OF	EMPLOYER	WORK PHONE NU	IMBER	OCCUPATION	ANNUAL INCOME
				- COLIMION	ANTOAL INCOME
FIRST APPLICANT TWO:		MIDDLE		L	AST
PREVIOUS NAMES USED: *inc			T		
THE TO TRAINES USED, THE	luding maiden name		HIGHE	EST LEVEL OF EDUC	ATION COMPLETE
DATE OF BIRTH	GENDER	RACE/ETHNICI	<b>-</b> ,		
	<u> </u>	RACE/ETHNICI	1 Y	DRIVER'S LICE	ENSE NUMBER
EMAIL ADDRESS (OP	TIONAL)	CELL PHONE NUM	IBER	HOME BHO	NE NUMBER
				HOME PHO	NE NOWBER
NAME/ADDRESS OF E	MPLOYER	WORK PHONE NUM	BER	OCCUPATION	ANNUAL INCOME
APPLICANT(S)' RESIDENCE					
PHYSICAL ADDRE	SS	CITY		CTATE	
				STATE	ZIP
MAILING ADDRESS (IF DIF	FERENT)	CITY		STATE	715
				JIAIL	ZIP
o you own, rent or lease the re	sidence?		Check or	ne: Own Re	ent 🗆 Lease
eapons in the home?			Check or		
ody of Water			Check on		
yes, please describe the location	of the body of water	and its size.			
oes any person not listed in thi ailing address?	s document use the	e residence as their	Check on	e: Yes No	
			If yes, wh	0;	

Languages spoken in the home.							
II. RELATIONSHIP BETWEEN APPLIC	ANTS						
IF MORE THAN ONE APPLICANT, WH	AT IS YOUR RELATION	NSHID2 DIO	asa abaak aa				
☐ MARRIED ☐ DOMESTIC PARTNERSHIP							
DATE OF CURRENT MARRIAGE/DOMESTIC PAR		MBER) L CO	HABITANTS [	OTHER			
PLACE OF CURRENT MARRIAGE/DOMESTIC PA		FATE)					
V. MINOR CHILDREN RESIDING IN TH	IE HOME (PLEASE D	O NOT INCLU	JDE NAME O	F CHILD)			
RELATIONSHIP TO APPLICANT(S)	DATE OF BIRTH	GENDER	DO YOU I SUPPORT	FINANCIALLY THIS CHILD	?	ADO	PTED
	-		☐ Yes	□ No		Yes	□ N
			☐ Yes	□ No		Yes	□ N
			Yes	□ No		Yes	Πи
			Yes	□ No		Yes	
Each adult residing or regularly present	t in the home must cor	nplete an Out	of-State Disc	RELATION			CANT(S
Each adult residing or regularly present Statement LIC 508D.	t in the home must cor	nplete an Out					CANT(S
Each adult residing or regularly present Statement LIC 508D.  FULL NAME (FIRST, MIDDLE	t in the home must cor	nplete an Out					CANT(S
Each adult residing or regularly present Statement LIC 508D.  FULL NAME (FIRST, MIDDLE	t in the home must cor	pplete an Out	E OF BIRTH	RELATION			CANT(S
FULL NAME (FIRST, MIDDLE  APPLICANT(S) HISTORY  NAME OF FORMER	E INITIAL & LAST)  MARITAL / DOMESTI  MARRIAGE / DO	DAT  C PARTNERS  DMESTIC PAF	E OF BIRTH  SHIP HISTOR	Y DIVORCE / DO	NSHIP TO	APPLIC	TH DATE
APPLICANT(S) HISTORY  NAME OF FORMER SPOUSE / DOMESTIC PARTNER	E INITIAL & LAST)  MARITAL / DOMESTI	DAT  C PARTNERS  DMESTIC PAF	E OF BIRTH  SHIP HISTOR	RELATION	NSHIP TO  DMESTIC RMINATION /	APPLIC	
Each adult residing or regularly present Statement LIC 508D.  FULL NAME (FIRST, MIDDLE  APPLICANT(S) HISTORY  NAME OF FORMER SPOUSE / DOMESTIC PARTNER	E INITIAL & LAST)  MARITAL / DOMESTI  MARRIAGE / DO	DAT  C PARTNERS  DMESTIC PAF	E OF BIRTH  SHIP HISTOR  TNERSHIP ID STATE)	Y DIVORCE / DO PARTNERSHIP TEI	NSHIP TO  DMESTIC RMINATION /	APPLIC	TH DATE
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Have you had a previous license, certification, relative or nonrelative extended family member approval, or resource family

No

☐ No

☐ No

Have you had a license, certification, or approval suspended, revoked, or rescinded?

care home, or residential care facility for the elderly or chronically ill?

Yes

Yes

Yes

If yes, name the facility(s): \_

If yes, name of agency(s):

If yes, name of agency(s): \_

Have you been subject to an exclusion order?

approval application denial? Check one:

Check one:

Check one:

#### 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 recission of a Resource Family approval.

APPLICANT(S) SIGNATURE	CITY AND COUNTY WHERE SIGNED	DATE

. PLEASE LIST ALL FAMILY Name (First, Last)	Age	Polotional:		
	Age	Relationship	Occupation or School situation	Location and living Situation (Date of death if deceased)

d, please use an additional sheet.

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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.
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What are the basis household miles and
What are the basic household rules, roles and expectations?
그리고 프랑스 마스트 경기를 하나 하는 것으로 보면 그 그래요? 그는 그리고 그리고 그리고 그리고 그리고 그리고 그리고 그리고 있다.
[2] [1] 12 [2] [1] 12 [2] [2] [2] [2] [2] [2] [2] [2] [2] [2
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 #	

DNTHLY INCOME:	****
PRIMARY FOSTER PARENT	AMOUNT
Salary	
Unemployment/Social Security	\$ \$
Disability/Retirement	
Child Support	\$ 
Alimony	\$ \$
Other Sources of income (please specify	) \$
	OTAL \$
SECONDARY FOSTER PARENT	
Salary	\$
Unemployment/ Social Security	\$
Disability/Retirement	\$
Child Support	\$
Alimony	\$
Other Sources of income (please specify)	
SUBT	OTAL \$
OTHER INCOME (Rentals, Dividends, Loans)	\$
( Dividends, Loans)	<u> </u>
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)	\$ \$
	\$
	\$
	\$
	\$
To	otal \$
L EXPENSES	осы ф
LEXPENSES	

#### 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:**

· · · Ppinconte Zi	
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

Los Angeles, Riversi		
l,		, RESIDING AT
David and Margaret Foste	er Family Agency 191592787	, HEREBY AUTHORIZE YOU TO RELEASE TO T
NFORMATION REQUESTED BY THIS AGE	ENCY WHICH I CANNOT PROVIDE CONCERNING Backgrou	ind/reference checks, clearances from LA County
Riverside, Orange, and Sa	an Bernardino County and any other inform	
Resource parent.		
		parent with David and Margaret
Foster Family Agency and	l maintaining annual approval.	
HIS FORM WAS COMPLETED IN ITS ENTI		
Foster Family Agency and	l maintaining annual approval.	
Foster Family Agency and	l maintaining annual approval.	NG.
Foster Family Agency and	I maintaining annual approval.	NG.

# APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

Los Angeles, Riversio	ie, Orange, and San Bernardino County	Department of Children and Family Services
		, RESIDING AT
David and Market		HEREBY AUTHORIZE YOU TO RELEASE TO T
(NAME OF AGENCY, INSTITUTION, IN	er Family Agency 191592787	SPECI
		ound/reference checks, clearances from LA County
Riverside, Orange, and Sa		ormation that will assist in my approval as a
Resource parent.		approvar as a
HIS INFORMATION IS NEEDED FOR THE F	FOLLOWING PURPOSE of becoming a Resour	ce parent with David and Margaret
	maintaining annual approval.  RETY AND WAS READ BY ME (OR READ TO ME) PRIOR TO SIG	SNING.
HS FORM WAS COMPLETED IN ITS ENTIR		
		GNING.
HS FORM WAS COMPLETED IN ITS ENTIR BNATURE OF APPLICANT		
HS FORM WAS COMPLETED IN ITS ENTIR	RETY AND WAS READ BY ME (OR READ TO ME) PRIOR TO SIG	DATE  MAIDEN NAME OF MOTHER
HIS FORM WAS COMPLETED IN ITS ENTIR SNATURE OF APPLICANT RTHPLACE	RETY AND WAS READ BY ME (OR READ TO ME) PRIOR TO SIG	DATE

## **OUT-OF-STATE DISCLOSURE & CRIMINAL RECORD STATEMENT**

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

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?  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 an sconviction. A conviction means a plea or verdict of guilty or a conviction following a plea of note contendere (no contest). To the conviction in the conviction in the conviction in the conviction of the conviction following a plea of note contendere (no contest). To the very conviction of the conviction following a plea of note contendere (no contest). To the conviction for which relief has been granted pursuant to Penal Code section 1203.49.  Yes and 1361.5 and 1361.7 or a conviction for which relief has been granted pursuant to Penal Code section 1203.49.  Yes and 1361.5 and 1361.7 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, give details on the back of this page indicating the nature and circumstances of each crime, date and location in which ach crime occurred.  Unusual 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 do didn't have to go to court (your attorney went for you);  You do received a certificate of rehabilitation; or  The conviction was later dismissed, set aside or the sentence was suspended.  OTE: IF THE CR	I. OUT-OF-STATE DISCLOSURE					7734
Have you lived in a state other than California within the last five years?  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 an improprints will be used to obtain a copy of any criminal history you have.  Aconviction A conviction means a plea or verdict of guilty or a conviction following a plea of note contendere (no contest). To average the properties will be used to obtain a copy of any criminal history you have.  Acuse you ever been convicted of a crime in California?  YES YES  NO Wou need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety axe you ever been convicted of a crime in another state, federal court, military, or a jurisdiction outside of the U.S.?  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, give details on the back of this page indicating the nature and circumstances of each crime, date and location in which ach crime occurred.  YES, give details on the back of this page indicating the nature and circumstances of each crime, date and location in which can convictions, including reckless and drunk driving convictions even if:  It happened a long time ago;  It was only a misdemeanor;  You received a cartificate of rehabilitation; or  The conviction was later dismissed, set asside or the sentence was suspended.  OTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS DENIAL, LICENSE REVOCATION, DECENTIFICATION, RESCISSION OF A PREPOVAL, OR EXCLUSION FROM A LICENSED MAIL, LICENSE REVOCATION, DECENTIFICATION, PESCISSION OF A PREPOVAL, OR EXCLUSION FROM A LICENSED MAIL, LICENSE REVOCATION, DECENTIFICATION, PESCISSION		mes, Certified Family Homes and F	lesource Familias	at time of	!!	
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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 an conviction. A conviction means a plea or verdict of guilty or a conviction following a plea of nole contendere (no contest). Tri dingerprints will be used to obtain a copy of any criminal history you have.  Associated and 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.  Associated sections 11361.5 and 11361.7 or a conviction for which relief has been granted pursuant to Penal Code section 1203.49.  Associated sections 11361.5 and 11361.7 or a conviction for which relief has been granted pursuant to Penal Code section 1203.49.  Associated sections 11361.5 and 11361.7 or a conviction of which relief has been granted pursuant to Penal Code section 1203.49.  Associated sections 11361.5 and 11361.7 or a conviction of which relief has been granted pursuant to Penal Code section 1203.49.  The conviction outside of the U.S.?  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, give details on the back of this page indicating the nature and circumstances of each crime, date and location in which ach crime occurred.  Source were seen arrested for a crime against a child or for spousal/cohabitant abuse?  Yes, give details on the back of this page indicating the nature and circumstances of each crime, date and location in which ach crime occurred.  Source of the service of the service of the service of each crime, date and location in which ach crime occurred.  Source of the service of the service of the service of each crime, date and location in which ach crime o	If YES, identify each state and complete	itornia within the last five years? an LIC 198B for each state listed		YES		NO
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#### **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:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and S Code sections 11361.5 and 11361.7 or a conviction for which relief has been granted pursuant to Penal Code section 1203.
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)
declare under penalty of perjury under the laws of the State of California that the above information is true and correct to the L of my knowledge.
Signature: Date:
you have any questions about this form, please contact your local licensing regional office or approval agency.
NCTOLICTIONS TO LIGHT A STORY

#### 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.

## **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 Re	source Families	at time of	applica	tion only
Have you lived in a state other than California within the last five years? If YES, identify each state and complete an LIC 198B for each state listed:		YES		NO
II. CRIMINAL RECORD STATEMENT Foster Family Homes, Small Family Homes, Certified Family Homes, Resour	roo Familiaa			
State law requires that a person associated with licensed facilities or approximately conviction. A conviction means a plea or verdict of guilty or a conviction following fingerprints will be used to obtain a copy of any criminal history you have.		fingerprinte o contende	ed, and ere (no	l disclose an contest). Th
Have you ever been convicted of a crime in California?		YES	П	NO
You need not disclose any marijuana-related offenses covered by the marijuana of Code sections 11361.5 and 11361.7 or a conviction for which relief has been graded by you ever been convicted at a relief to the conviction of the	reform legislation	n codified a	at Heali	
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			_	110
for spousal/cohabitant abuse?		YES		NO
Criminal convictions from another State or Federal court are considered the same	o on oriminal assu			
f YES, give details on the back of this page indicating the nature and circumstate each crime occurred.  You must disclose convictions, including reckless and drunk driving convictions even the latest page in the latest page.  It was only a misdemeanor;  You had no joil time and the latest page indicating the nature and circumstate		me, date a	and loca	ation in which
<ul> <li>You had no jail time or the sentence was only a fine or probation;</li> <li>You received a certificate of rehabilitation; or</li> </ul>				
The conviction was later dismissed, set aside or the sentence was susper	ended			
IOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION ORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) MAY RESULT ENIAL, LICENSE REVOCATION, DECERTIFICATION, RESCISSION OF APPRACILITY, CERTIFIED FAMILY HOME, OR THE HOME OF A RESOURCE FAMILY	N(S) THAT YOU I IN AN EXEMPT ROVAL, OR EXC	LUSION F	IAL, A	PPLICATION LICENSED
I declare under penalty of perjury under the laws of the State of California that contained in this affidavit and that my responses and any accompanying attachm	I have read and nents are true ar	l understar	nd the i	nformation
CENSED FACILITY, CERTIFIED FAMILY HOME, OR RESOURCE FAMILY NAME:	FACILITY NUMBER:			
aviu a Manager Foster Core and Adams: o	191592787			
DUR ADDRESS (street, city, state, zip):				
OCIAL SECURITY NUMBER	DATE OF BIRTH:			

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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)
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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)

□No

If decertified or your approval was rescinded before, please provide FFA Name(s) and reason for decertification/rescission (attach additional page, if needed).	□ N/A 1. 2.	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)	Yes n	lo Yes No

## This Section Pertains to the Minor Children of the Resource Parent(s)

Children's Names	#1	#2
First Name		#2
Middle Name		
Last Name		
Date of Birth		
Relationship	☐ Birth ☐ Adopted ☐ Step Child ☐ Legal Gdn ☐ NREFM	☐ Birth ☐ Adopted ☐ Step Child ☐ Legal Gdn ☐ NREFM
(Please attach ac	Iditional page, if needed)	
I (we) declare under penalty of perjury that I responses and accompanying attachmen	(we) understand the above qu nts I (we) am (are) providing ar	estions and that the e true and correct.
Posouroe Derent # 4 .:		
Resource Parent # 1 signatu	re	Date
Resource Parent # 2 sign	ature Date	
I have reviewed the documentation prov Resource Parent(s). I have received a sign and any other identified adult(s), which is/a	vided and discussed the abo	
B		
Print name and Title of FFA Representative		
Signature of FFA Representative	Date	
	Built	

Revised March 2018

# 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 evaluat	ion
Details:	.1011
pasa contact your accident DOTA	

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.