# RESOURCE FAMILY APPLICATION

First Middle Last  Applicant Two (Legal Name):  Preferred/Chosen Name:  Previous Name Used: *including maiden name Highest Level of Education Completed  Date of Birth Gender Race/Ethnicity Driver's License Number  Email Address (Optional) Cell Phone Number Home Phone Number					
Instructions: This is the application for Resource Family Approval by a foster family agency. Please type or print  ☐ Application ☐ Other (Specify):  ☐ Application ☐ Other (Specify): ☐ APPLICANT(S): EACH APPLICANT MUST COMPLETE AN OUT-OF-STATE DISCLOSURE AND CRIMINAL RECORD STATEMENT LIC 508D.  ☐ First					
Application     Other (Specify):   APPLICANT(S): EACH APPLICANT MUST COMPLETE AN OUT-OF-STATE DISCLOSURE AND CRIMINAL RECORD STATEMENT LIC 508D.    First	FFA:				
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Email Address (Optional)  Cell Phone Number  Home Phone Number  Name/Address of Employer  Work Phone Number  Occupation  Annual Incor  First  Middle  Last  Applicant Two (Legal Name):  Preferred/Chosen Name:  Previous Name Used: *including maiden name  Highest Level of Education Complet  Date of Birth  Gender  Race/Ethnicity  Driver's License Number  Email Address (Optional)  Cell Phone Number  Home Phone Number					addation completed
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Applicant Two (Legal Name):  Preferred/Chosen Name:  Previous Name Used: *including maiden name  Highest Level of Education Completed  Date of Birth Gender Race/Ethnicity Driver's License Number  Email Address (Optional) Cell Phone Number Home Phone Number					
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Date of Birth Gender Race/Ethnicity Driver's License Number  Email Address (Optional) Cell Phone Number Home Phone Number	referred/Chose	n Name:	1		
Email Address (Optional)  Cell Phone Number  Home Phone Number	Previous i	Name Used: *incl	uding maiden name	Highest Level of E	ducation Completed
Email Address (Optional)  Cell Phone Number  Home Phone Number	Data of Birth	Condon	D/E0		
Name / Address - C.F 1	Date of Diffi	Gender	Race/Ethnicity	Driver's Lic	ense Number
Name/Address of Employer   Work Phone Number   Occupation   Approximation	Email Addres	s (Optional)	Cell Phone Number	Home Pho	ne Number
Name/Address of Employer   Work Phone Number   Occupation   Association					
Annual incom	Name/Address	of Employer	Work Phone Number	Occupation	Annual Income

State of California – Health and Human Services Agendance	cy C	California De	epartment of	f Social Service
If more than one applicant, what is your relations	ship? Please ch	eck one.		
☐ Married ☐ Domestic Partnership ☐ Related (Fa	mily Member)	] Cohabitar	nts 🏻 Othe	r
II. APPLICANT(S)' RESIDENCE  Physical Address	C:4-	-	04-4-	
Friysical Address	City	<u> </u>	State	Zip
Mailing Address (If Different)	City	7	State	Zip
Do you own, rent or lease?	Check one:	☐ Own	Rent	⊥. □ Lease
Weapons in the home?	Check one:	☐ Yes	□No	
Bodies of water?	Check one:	☐ Yes	□ No	
Does any person not listed in this document use the residence as their mailing address?	Check one: If yes, who:	Yes	□No	
Languages spoken in the home:				
III. RELATIONSHIP HISTORY				
If currently married or in a domestic partnership v	vith the other ap	pplicant:		
Date: Place (City and State): _				□ N/A
Applicant One:				
If currently married or in a domestic partnership w	vith someone w	ho is not a	n applicant	м
Date: Place (City and State):	707000	•		🗆 N/A
*Please include the individual in Section V. if the indiv	idual resides or is	s regularly <sub>l</sub>	present in th	e home.
Have you had previous marital or domestic partne	rships?			
Yes If yes, how many?:	lone	,		
Applicant Two:				
If currently married or in a domestic partnership w	ith someone wh	no is not ar	ո applicant։	
Date: Place (City and State):				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
*Please include the individual in Section V. if the indivi	dual resides or is	regularly p	resent in the	e home.
Have you had previous marital or domestic partner	ships?			
Yes If yes, how many?:	None			

# IV MINOR CHILDREN RESIDING IN THE HOME

Name of Child or NMD (First & Last)	Date of Birth	Gender		ationship Applicant	Placen or Plar Placen	nent ined		ounty risdiction
<ul> <li>VI. CHILD/NMD DESIRED</li> <li>Has a child or nonminor deposition</li> <li>Is the child or nonminor deposition</li> </ul>				Check?	cone:	☐ Yes ☐ Yes		No No
					, , , , , , , , , , , , , , , , , , ,			
							<del> </del>	
							· · · · · · · · · · · · · · · · · · ·	
Full Name (First, Middle Ini	tial & Last)	Date Bir	e of rth	Relation Applic		Res	iding	Regularly Present
OF-STATE DISCLOSURE AND NONMINOR DEPENDENTS)		RECORD	STATE	MENT LIC	508D. (D			PLY TO
V. OTHER ADULTS, INCLUDING PRESENT IN THE HOME (PL EACH ADULT RESIDING OR I	LEASE IDEN	TIFY NMD	s PLA	CED IN YO	UR HOMI	E IN SE	ECTIO	N VI.)
							Yes	□ No
,							Yes	□ No
	·						Yes	□ No
		·					Yes	□ No
Name of Minor Child		nship to ant(s)	Date	of Birth	Gender	Do You Financially Support This Child?		
(PLEASE IDENTIFY DEPEN	DENT CHILD	REN PLA	CED II	YOUR HO	ME IN SI			

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/NI PLEASE I			) (Continued) OUR PREFERE	NCES	<b>:</b>			
Ages(s)								
☐ 0 to 2 yr ☐ 18 to 20			3 to 7 yrs No preference	□ 8	to 12 yrs		13 to 15 yrs	☐ 16 to 17 yrs
Sibling Gro	oup							
□ None			2	□ 3			4	☐ 5 or more
<ul> <li>Applicant One</li> <li>Have you extended</li> <li>Have you home, or</li> </ul>	u previous family received family received for the control of the	usly be member one: name f lice are y usly be tial ca one: type	per, or previously Yes e of agency(s): nse/certification you aware of an een or are you are facility for the Yes of license:	current n/appro y pend current e elde	tly approved urrently licens  No  oval: ding complaintly licensed for the chronic licensed for t	nts or a cally ill?	dministrative ac	tions?
child care	Check	one:	ly child care hole If Yes the facility(s):		☐ No			ly or chronically ill?
Resource	Family Check	appr one:	ous license, certoval, or portabil  Yes e of agency(s):	ity app	olication deni No	al?		family member approval,
	Check If yes, r	one: name	Yes of agency(s):		□ No		evoked, or resci	
<ul><li>Have you</li></ul>	ı been sı Check c	-	et to an exclusio	n orde	r? No			

## VII. FOSTER CARE/ADOPTION/LICENSURE HISTORY (Continued)

Applicant Two:			
<ul> <li>Have you previously been or are y extended family member, or previously</li> </ul>			
Check one: $\square$ Ye	s 🔲 N	0	
If yes, name of agency	(s):		
If yes, are you aware o	f any pending con	nplaints or administrative actior	ns? 🛛 Yes 🔲 No
	or the elderly or ch s \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	nronically ill?	iter, family child care
<ul> <li>Have you previously been or are yearline</li> <li>child care center, family child care</li> <li>Check one:</li> <li>If yes, name the facility</li> </ul>	home, or resider s    \text{N}	itial care facility for the elderly o	or chronically ill?
	ability application	denial?	,
<ul> <li>Have you had a license, certificati</li> </ul>			
Check one:	s IN	-	
<ul> <li>Have you been subject to an exclu</li> </ul>	usion order?		
Check one:		o	
			•
VIII. REFERENCES			
Please list the name, telephone number home environment, lifestyle, and ability	· ''		owledge of your
Full Name Telephone	e Number(s)	Mailing Address/City or Email Addr	
	·		
LIC 01A (9/21) (Mandatory) (Confidenti	al)		Page 5 of 6

### 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:		