

## RESOURCE FAMILY APPROVAL — WRITTEN REPORT

Name of Family	RFA ID Number	Resource Family Address	Resource Family Mailing Address
			<input type="checkbox"/> Same

WRITTEN REPORT COMPLETED BY:		
Name:	Phone Number:	
Title:	Email Address:	
AGENCY INFORMATION		
Name of Agency:	Phone Number:	
Address:		Date of Approval/Denial:

APPLICANT INFORMATION		
	Applicant 1	Applicant 2
Name:		
Birthdate:		
Gender Identity:		
Pronouns:		
Ethnicity:		
Primary Phone:	<input type="checkbox"/> Cell <input type="checkbox"/> Home	<input type="checkbox"/> Cell <input type="checkbox"/> Home
Email:		
Tribal Affiliation (if any):	<input type="checkbox"/> Member <input type="checkbox"/> Descendant	<input type="checkbox"/> Member <input type="checkbox"/> Descendant

<b>APPLICANT INFORMATION (Continued)</b>		
	<b>Applicant 1</b>	<b>Applicant 2</b>
<b>Primary Language:</b>		
<b>Secondary Language:</b>		
<b>Occupation:</b>		
<b>Employer:</b>		
<b>Work Schedule:</b>		

<b>APPLICATION</b>		
Application received on:	<input type="checkbox"/> ICPC Request; received from requesting state on:	
Character References Provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No. of References provided:	<i>If no, please indicate reason:</i>	
Family Primarily Interested in (check all that apply):		
<input type="checkbox"/> Foster Care <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Adoption		
<b>The following supporting documents have been received:</b>		
Proof of Identity:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Questionnaire:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verification of Current Employment (if applicable):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Income and Expenses:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Home Ownership/Rental Agreement/Written permission to Reside at the Residence by the Owner of the Home:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "No", list the missing documents and describe what efforts were made to obtain them or any additional comments:		

**OTHER ADULTS IN THE HOME OR REGULARLY PRESENT**

Name	Resides or Regularly Present	Relationship to Applicant	Birthdate

**CHILDREN IN THE HOME**

Name	Relationship to Applicant	Gender Identity	Birthdate

**INDIAN CHILD INFORMATION**

Is the child(ren) placed or child(ren) anticipated to be placed an Indian child?

 Yes No

Is this child(ren) a member of a sibling group?

 Yes No

Was this family referred to the RFA program by a Tribe?

 Yes No

Name of Tribe	Representative	Phone Number	Email

<b>BACKGROUND CHECKS</b>		
<b>All Required Background Checks Were Evaluated for Applicants</b> Criminal Record, LIS, AARS, Megan's Law, CACI, DMV report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		
<b>Indicate if the following background checks were applicable and for whom:</b>		
<input type="checkbox"/> Out of State Child Abuse/Neglect		
Comments:		

<b>BACKGROUND CHECKS (Continued)</b>				
<b>All Required Background Checks Were Evaluated for Adults Residing or Regularly Present in the Home</b> Criminal Record, LIS, AARS, Megan's Law, CACI				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Indicate if the following background checks were applicable and for whom:</b>				
<input type="checkbox"/> DMV Report <input type="checkbox"/> Out of State Child Abuse/Neglect				
<b>Adult Name</b>	<b>Clearance</b>	<b>Standard</b>	<b>Simplified</b>	<b>Not Granted</b>
	<input type="checkbox"/> Clearance	<input type="checkbox"/> Standard	<input type="checkbox"/> Simplified	<input type="checkbox"/> Not Granted
	<input type="checkbox"/> Clearance	<input type="checkbox"/> Standard	<input type="checkbox"/> Simplified	<input type="checkbox"/> Not Granted
	<input type="checkbox"/> Clearance	<input type="checkbox"/> Standard	<input type="checkbox"/> Simplified	<input type="checkbox"/> Not Granted
	<input type="checkbox"/> Clearance	<input type="checkbox"/> Standard	<input type="checkbox"/> Simplified	<input type="checkbox"/> Not Granted
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	<input type="checkbox"/> Clearance	<input type="checkbox"/> Standard	<input type="checkbox"/> Simplified	<input type="checkbox"/> Not Granted
	<input type="checkbox"/> Clearance	<input type="checkbox"/> Standard	<input type="checkbox"/> Simplified	<input type="checkbox"/> Not Granted
	<input type="checkbox"/> Clearance	<input type="checkbox"/> Standard	<input type="checkbox"/> Simplified	<input type="checkbox"/> Not Granted
Summarize Background Check Results, exemptions granted, and any conditional exemptions.				

<b>BACKGROUND CHECKS (Continued)</b>			
<b>Dates of Contact with Tribe regarding the background check (if applicable):</b>			
<b>Date of Contact</b>	<b>Method of Contact</b>	<b>Representative</b>	<b>Results</b>
	<input type="checkbox"/> Emails <input type="checkbox"/> Phone <input type="checkbox"/> Other		
	<input type="checkbox"/> Emails <input type="checkbox"/> Phone <input type="checkbox"/> Other		
	<input type="checkbox"/> Emails <input type="checkbox"/> Phone <input type="checkbox"/> Other		
	<input type="checkbox"/> Emails <input type="checkbox"/> Phone <input type="checkbox"/> Other		

Discuss the incorporation of the prevailing social and cultural standards when determining exemption criteria.

<b>DATES OF CONTACT/INTERVIEWS</b>				
<b>Date</b>	<b>Person(s) Interviewed (include all children and adults residing in the home)</b>	<b>Location</b>	<b>Joint</b>	<b>Individual</b>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**See “Family Evaluation” Section for a summary of interviews.**

Did any representative of the Tribe or Tribal Agency accompany the RFA program staff for the interviews?  Yes  No  NA

If no representative accompanied the RFA program staff, explain the reason and provide dates of invitation:

<b>Date(s) the Representative was Present for Interviews</b>	<b>Method</b>	<b>Name of Representative</b>	<b>Tribe or Tribal Agency</b>
	<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Video		
	<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Video		
	<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Video		

<b>HOME HEALTH AND SAFETY ASSESSMENT</b>				
<b>Home and Grounds are determined to be safe and in compliance with requirements outlined in the Written Directives.</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Residence:		Number of Bedrooms:	Number of Bathrooms:	
<b>Check all that apply and provide relevant information:</b>	<input type="checkbox"/> Weapons/Guns:	<input type="checkbox"/> Pool/Bodies of Water:	<input type="checkbox"/> Animals:	<input type="checkbox"/> Other:
Is a Documented Alternative Plan required?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe what the DAP was approved for and how the intent of the Written Directives will be met.				
Any other information.				
Explain details regarding the integration of the prevailing social and cultural standards of the Indian Community for a specific Indian child. (If applicable)				

<b>CAPACITY DETERMINATION</b>		
<b>Based on the comprehensive assessment, it is determined that the Resource Family has the capacity to care for:</b>		
Number of Children and/or NMD:	Gender Identity:	Age:
Briefly summarize the reasons to support the determination: <i>Who occupies each room? Other information used for determination?</i>		

<b>TRAINING</b>		
Pre-approval Training Requirements Completed for each applicant (min 12 hours): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Applicant 1 has completed _____ hours of training.		
Applicant 2 has completed _____ hours of training.		
Note any specialized training received, including trainings specific to caring for an Indian child, or any feedback provided by the trainer (if applicable). Note any future recommended training:		
CPR/First Aid Training Completed for each applicant (Pre-Approval): <input type="checkbox"/> Yes <input type="checkbox"/> Post Approval Needed		

**FAMILY EVALUATION**

Summarize motivation to become a Resource Family:

**FAMILY EVALUATION (Continued)**

Briefly summarize childhood upbringing and experiences, adult experiences, and personal characteristics evaluated.

**FAMILY EVALUATION (Continued)**

Summarize discussion of background check results for applicants and all adults residing in the home:

**FAMILY EVALUATION (Continued)**

Summarize the nature of the applicant's current relationships. Discuss any co-parenting roles. If the applicant's spouse, domestic partner, or significant other did not apply, note why. Also, note if the impact on the other's ability to adopt was discussed:

**FAMILY EVALUATION (Continued)**

Summarize parenting experiences, practices, and discipline methods and note any considerations:

**FAMILY EVALUATION (Continued)**

Summarize interviews with children and adults residing in the home regarding the applicant's parenting skills, strengths, and weaknesses:

**FAMILY EVALUATION (Continued)**

Summarize the applicant's capacity and ability to parent a child from different backgrounds or experiences, including race, ethnicity, sexual orientation, gender identity, or a child who is gender non-conforming.

**FAMILY EVALUATION (Continued)**

Applicant(s) understands the legal and financial responsibilities for providing care to a child or nonminor dependent.  Yes  No

Briefly summarize current financial situation and any financial considerations discussed:

<b>FAMILY EVALUATION (Continued)</b>		
Applicant(s) understands the safety, permanency, protection and well-being needs of children and nonminor dependents who have been victims of child abuse and neglect.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		

<b>FAMILY EVALUATION (Continued)</b>		
Applicant(s) understands the role as a Resource Family and has the capacity to work cooperatively with the agency, service providers, birth parents and extended family, and an Indian child's Tribe (when applicable) in implementing the child's case plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		

<b>FAMILY EVALUATION (Continued)</b>		
In the case of an Indian child, the applicant(s) demonstrates an ability and willingness to maintain the child's connection with the Tribe, culture, family, and tribal community such as by visitation and participation in cultural events and ceremonies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		

<b>FAMILY EVALUATION (Continued)</b>		
Applicant(s) has demonstrated an understanding of the Personal Rights of children and nonminor dependents in care and understand the responsibility to safeguard those rights.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		

**FAMILY EVALUATION (Continued)**

Additional details regarding the integration of the prevailing social and cultural standards of the Indian Community for a specific Indian child (if applicable):

<b>RISK ASSESSMENT</b>		
<b>Substance Abuse – Applicant's past or current alcohol or other substance abuse history was discussed and evaluated.</b>		
Applicant 1	<input type="checkbox"/> History	<input type="checkbox"/> No History
Applicant 2	<input type="checkbox"/> History	<input type="checkbox"/> No History
Please explain history and note any considerations:		

**RISK ASSESSMENT**

**Physical, emotional, sexual abuse, neglect and family domestic violence history – Applicant's past or current history of physical, emotional, sexual abuse, neglect or family domestic violence was discussed and evaluated.**

Applicant 1	<input type="checkbox"/> History	<input type="checkbox"/> No History
Applicant 2	<input type="checkbox"/> History	<input type="checkbox"/> No History

Please explain history and note any considerations:

**RISK ASSESSMENT (Continued)**

**Physical and Mental Health – Briefly summarize applicant's past and current physical and mental health and the impact on the applicant's ability to parent, if any.**

**RISK ASSESSMENT (Continued)**

**Additional details regarding the integration of the prevailing social and cultural standards of the Indian Community for a specific Indian child (if applicable):**

<b>ADDITIONAL INFORMATION</b>		
<b>Applicant(s) has been provided with information regarding their right to Due Process.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Applicant(s) has signed the Quality Parenting Initiative Plan (for QPI counties).</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Applicant(s) has been provided with information regarding Adoption Assistance Program (AAP), Kin-GAP, Approved Relative Caregiver (ARC) Funding, and any other assistance that may apply.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Applicant(s) has been provided with information on how to access health, mental health, and dental care through Medi-Cal, in-home supportive services, and developmental or other services based on the needs of a child or nonminor dependent in the care of a Resource Family.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "no" was checked for any of the above questions, please provide details:		

<b>ADDITIONAL CONSIDERATIONS</b>		
<b>Any additional resources, services or supports identified by the applicant and/or RFA Program Staff to support their role as a Resource Family and the child(ren)/youth in care or to strengthen their skill set or qualifications?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe, if applicable:		
<b>Characteristics of a child or nonminor dependent the applicant(s) may best serve:</b>		

## OVERALL EVALUATION

Specific Child Approval:  Yes  No

### Discuss determination for Specific Child Approval:

- The relationship is of such significance it outweighs any concerns.
- It is a specific Indian child and the prevailing social and cultural standards of the Indian Community were applied.
- The relative or other adult living in the home was granted a criminal record exemption outlined in 6-03B(b)(1).

Discuss the incorporation of the prevailing social and cultural standards of the Indian Community for an Indian child (if applicable):

**OVERALL EVALUATION (Continued)**

- Please summarize why this family is approved/denied.
- Provide evidence to support determination.
- Describe strengths of the applicant(s).
- Describe any concerns and how those concerns have/have not been mitigated.
- Describe any support the applicant(s) may need.
- List any conditions placed on the approval.

<b>DETERMINATION</b>			
Based on my comprehensive assessment, the applicant(s) _____ (Names)		Supervisor/Agency Designee: I concur with the determination.	
is/are _____ (Approved/Denied) as a Resource Family.			
Signature:	Date:	Signature:	Date:

<b>ADDITIONAL COMMENTS FROM TRIBE</b>	

<b>SIGNATURE OF TRIBAL SOCIAL SERVICES REPRESENTATIVE (If Applicable)</b>	
By signing below, I acknowledge that I have received a copy of this report.	
Name:	Title:
Signature:	Date:

**RECEIPT OF WRITTEN REPORT**

*This sentence complies with Section 6-07(d)(1) of the RFA Written Directives. By signing below, I acknowledge that I have received a copy of this report.*

Applicant 1, Printed Name:

Applicant 1, Signature:

Date:

Applicant 2, Printed Name:

Applicant 2, Signature:

Date:

**NOTICE TO RESOURCE PARENTS:** Approval does not guarantee initial, continued, or adoptive placement of a child or Nonminor Dependent with the Resource Family.