

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

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

APPLICATION		
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		
The following supporting documents have been received:		
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this child(ren) a member of a sibling group?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this family referred to the RFA program by a Tribe?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Tribe	Representative	Phone Number	Email

BACKGROUND CHECKS**All Required Background Checks Were Evaluated for Applicants**

Criminal Record, LIS, AARS, Megan's Law, CACI, DMV report

☐ Yes☐ No

Comments:

Indicate if the following background checks were applicable and for whom:☐ Out of State Child Abuse/Neglect

Comments:

BACKGROUND CHECKS (Continued)**All Required Background Checks Were Evaluated for Adults Residing or Regularly Present in the Home**

Criminal Record, LIS, AARS, Megan's Law, CACI

☐ Yes☐ No**Indicate if the following background checks were applicable and for whom:**☐ DMV Report☐ Out of State Child Abuse/Neglect

Adult Name	Clearance	Standard	Simplified	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
	<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
	<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.

BACKGROUND CHECKS (Continued)			
Dates of Contact with Tribe regarding the background check (if applicable):			
Date of Contact	Method of Contact	Representative	Results
	<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.

Page 7 of 31

HOME HEALTH AND SAFETY ASSESSMENT**Home and Grounds are determined to be safe and in compliance with requirements outlined in the Written Directives.**☐ Yes☐ No

Type of Residence:

Number of Bedrooms:

Number of Bathrooms:

Check all that apply and provide relevant information:☐ Weapons/Guns:☐ Pool/Bodies of Water:☐ Animals:☐ Other:

Is a Documented Alternative Plan required?

☐ Yes☐ 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)

CAPACITY DETERMINATION

Based on the comprehensive assessment, it is determined that the Resource Family has the capacity to care for:

Number of Children and/or NMD:

Gender Identity:

Age:

Briefly summarize the reasons to support the determination: *Who occupies each room? Other information used for determination?*

TRAINING

Pre-approval Training Requirements Completed for each applicant (min 12 hours):

☐ Yes☐ 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):

☐ Yes☐ 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:

FAMILY EVALUATION (Continued)

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.

☐ Yes☐ No

Comments:

FAMILY EVALUATION (Continued)		
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:		

FAMILY EVALUATION (Continued)

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.

☐ Yes☐ No

Comments:

FAMILY EVALUATION (Continued)

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.

☐ Yes☐ 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):

RISK ASSESSMENT

Substance Abuse – Applicant’s past or current alcohol or other substance abuse history was discussed and evaluated.

Applicant 1

□ History

☐ No History

Applicant 2

□ History

☐ 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

□ History

☐ No History

Applicant 2

□ History

☐ 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):

ADDITIONAL CONSIDERATIONS		
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe, if applicable:		
Characteristics of a child or nonminor dependent the applicant(s) may best serve:		

OVERALL EVALUATIONSpecific 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.

DETERMINATION

Based on my comprehensive assessment, the
applicant(s) _____
(Names)

is/are _____
(Approved/Denied)
as a Resource Family.

Supervisor/Agency Designee: I concur with the
determination.

Signature:

Date:

Signature:

Date:

ADDITIONAL COMMENTS FROM TRIBE**SIGNATURE OF TRIBAL SOCIAL SERVICES REPRESENTATIVE (If Applicable)**

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.