Resource Family Home Approval Assessment

California Juvenile Laws and Rules’ Welfare and Institutions Code Section 16519.5, authorizes a unified, family-friendly, child-centered resource family home approval process. This process was designed to improve the safety, permanency, and well-being of children in the child welfare and probation systems, consistent with state and federal child welfare outcome goals. Its purpose was to establish a single process to approve anyone desiring to care for a foster child as a resource family and/or to become a legal guardian or adoptive parent. In order to be approved as a resource family, an individual and/or couple is required to be in compliance with the California Department of Social Services’ (CDSS) Resource Family Approval (RFA) Program regulations. Resource family home approval requires individuals to successfully meet the home approval standards and permanency assessment pursuant to RFA program regulations in the following components: Criminal/Child Welfare Background/History; Caregiver Qualifications; Children’s Rights & Prudent Parent Decision-Making; Home and Grounds; Health and Safety; Orientation/Training; and participation in a Psycho-Social Risk and Permanency assessment. Approval as a resource family home does not guarantee an initial or continued placement of a child or non-minor dependent. Approval for foster care placement is contingent upon best interests of children served by the child welfare services system. Resource families who are denied foster care placement are not entitled to a hearing from the California State Hearings Division.

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| Component I – Applicant(s)/Family Demographics |

## Child(ren) Information (If Specific Child Placement is Sought)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child(ren)’s Name(s) | DOB | SSN | ID Number | M/F | Relationship to the Caregiver(s) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Applicant Information |
| Primary Applicant’s Name (Legal) | Secondary Applicant’s Name (Legal) |
| Address | Phone Number |
| CDL | DOB | CDL | DOB |
| SSN | Relationship to the child(ren) | SSN | Relationship to the Child(ren) |
| Other Adult(s)/Child(ren) living in the Home |
| Name(s) | DOB | SSN | CDL / ID Number | M/F | Relationship to the Caregiver(s) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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| --- |
| Other Adult(s)/Child(ren) Having Access to the Home & Extended Family Members of Applicant(s) |
| Name(s) | DOB | SSN | CDL / ID Number | M/F | Relationship to the Applicant(s) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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| Component II: Verification of Non-Related Extended Family Member |

Pursuant to Welfare and Institutions Code Section § 362.7,a “non-related extended family member” is defined as an adult caregiver who has an established familial relationship with a relative of the child, as defined in paragraph (2) of subdivision (c) of Section 361.3, or a familial or mentoring relationship with the child. I have conducted interviews with the parties specified below and thereby verified that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of Non-Related Extended Family Member)

**has/has not** established a familial or mentoring relationship with the following child(ren):

|  |  |
| --- | --- |
| Name of Child:       | Name of Child:        |
| Name of Child:        | Name of Child:       |

Verification of a familial or mentoring relationship was completed as a result of interviews conducted with one or more of the following individuals:

|  |  |  |
| --- | --- | --- |
|  | **Name, Address, Telephone** | **Name, Address, Telephone** |
| Child(ren) |       |       |
| Parent(s) |       |       |
| Relative(s) |       |       |
|  |       |       |
| Medical Professional(s) |       |       |
| Clergy |       |       |
| Neighbor(s) |       |       |
| Friend(s) |       |       |
| Teacher(s) |       |       |
| Other |       |       |

A familial or mentoring relationship between the child(ren) and the non-related extended family member **has/has not** been established based on the following information (provide summary):

|  |  |  |
| --- | --- | --- |
| Social Service Worker      |  | Date      |
| Social Service Supervisor      |  | Date      |
| Component III – Criminal and Child Protective Services Background/History Clearances |

Applicant#1:

 Type of Records Results Date Completed Completed By (SSW Name)

|  |  |  |  |
| --- | --- | --- | --- |
| Department of Justice (DOJ)Arrests Considered due to Potential of Risk to Children |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Department of Justice (DOJ)& FBI Convictions |       |       |       |
| Child Abuse Central Index(CACI) |  |       |       |
| Out of State Child Abuse & Neglect Records(Adam Walsh Act) |       |       |       |
| CWS/CMS Search |       |       |       |
| Megan’s Law Check |       |       |       |
| Probation Records |       |       |       |
| Parole Records |       |       |       |
| Department of Motor Vehicles (DMV) |       |       |       |

Applicant#2:

 Type of Records Results Date Completed Completed By (SSW Name)

|  |  |  |  |
| --- | --- | --- | --- |
| Department of Justice (DOJ)Arrests Considered due to Potential of Risk to Children |       |       |       |
| Department of Justice (DOJ)& FBI Convictions |       |       |       |
| Child Abuse Central Index(CACI) |   |       |       |
| Out of State Child Abuse & Neglect Records(Adam Walsh Act) |       |       |       |
| CWS/CMS Search |       |       |       |
| Megan’s Law Check |       |       |       |
| Probation Records |       |       |       |
| Parole Records |       |       |       |
| Department of Motor Vehicles (DMV) |       |       |       |

Minor Over 14 Years Old in Home:

 Type of Records Results Date Completed Completed By (SSW Name)

|  |  |  |  |
| --- | --- | --- | --- |
| Department of Justice (DOJ)Arrests Considered due to Potential of Risk to Children |       |       |       |
| Department of Justice (DOJ)& FBI Convictions |       |       |       |
| Child Abuse Central Index(CACI) |       |       |       |
| Out of State Child Abuse & Neglect Records(Adam Walsh Act) |       |       |       |
| CWS/CMS Search |       |       |       |
| Megan’s Law Check |       |       |       |
| Probation Records |       |       |       |
| Parole Records |       |       |       |
| Department of Motor Vehicles (DMV) |       |       |       |

Other Adult in Home:

 Type of Records Results Date Completed Completed By (SSW Name)

|  |  |  |  |
| --- | --- | --- | --- |
| Department of Justice (DOJ)Arrests Considered due to Potential of Risk to Children |       |       |       |
| Department of Justice (DOJ)& FBI Convictions |       |       |       |
| Child Abuse Central Index(CACI) |       |       |       |
| Out of State Child Abuse & Neglect Records(Adam Walsh Act) |       |       |       |
| CWS/CMS Search |       |       |       |
| Megan’s Law Check |       |       |       |
| Probation Records |       |       |       |
| Parole Records |       |       |       |
| Department of Motor Vehicles (DMV) |       |       |       |

Relative Having Access to Home:

 Type of Records Results Date Completed Completed By (SSW Name)

|  |  |  |  |
| --- | --- | --- | --- |
| Department of Justice (DOJ)Arrests Considered due to Potential of Risk to Children |       |       |       |
| Department of Justice (DOJ)& FBI Convictions |       |       |       |
| Child Abuse Central Index(CACI) |       |       |       |
| Out of State Child Abuse & Neglect Records(Adam Walsh Act) |       |       |       |
| CWS/CMS Search |       |       |       |
| Megan’s Law Check |       |       |       |
| Probation Records |       |       |       |
| Parole Records |       |       |       |
| Department of Motor Vehicles (DMV) |       |       |       |

Alternate Caregiver for Longer than 24 Hours or Transporting:

Type of Records Results Date Completed Completed By (SSW Name)

|  |  |  |  |
| --- | --- | --- | --- |
| Department of Justice (DOJ)Arrests Considered due to Potential of Risk to Children |       |       |       |
| Department of Justice (DOJ)& FBI Convictions |       |       |       |
| Child Abuse Central Index(CACI) |       |       |       |
| Out of State Child Abuse & Neglect Records(Adam Walsh Act) |       |       |       |
| CWS/CMS Search |       |       |       |
| Megan’s Law Check |       |       |       |
| Probation Records |       |       |       |
| Parole Records |       |       |       |
| Department of Motor Vehicles (DMV) |       |       |       |

**Component IV: Criminal/CWS Background Exemption Request**

The Human Services Agency’s Director or Deputy Director of Social Services may grant a background exemption as authorized by the California Department of Social Services pursuant to WIC Section 361.4. No background exemption can be granted for violent convictions pursuant to Health and Safety Code Section 1522. The department is required to consider the following when deciding whether to grant a criminal background exemption: ability of the relative to care for the child’s needs; results of a criminal background check; allegations of prior child abuse and neglect concerning the relative and anyone else in the home; arrests that may pose a risk to the child; evidence of good character and rehabilitation (e.g. the nature of the offenses committed including, but not limited to, whether it involved violence or a threat of violence to others; time elapsed since the offense was committed, and the number of offenses; circumstances surrounding the commission of the crime that would demonstrate the unlikelihood of repetition; and activities since conviction, such as employment, education, or participation in therapy, that would indicate rehabilitation); character references; a Certificate of Rehabilitation from a Superior Court; evidence of honesty and truthfulness as revealed in exemption application documents, which may include an individual’s written explanation of the conviction and circumstances about the arrest; and evidence of honesty and truthfulness as revealed in exemption application interviews and conversations with the department. Regulations further state that it is conclusive evidence that the individual is not of good character, thereby precluding issuance of an exemption is if the individual makes a knowingly false or misleading statement regarding material relevant to their application for a criminal record clearance or exemption. This form must be completed for each person requesting an exemption.

**Arrests/Convictions/CWS History Requiring an Exemption**

|  |  |
| --- | --- |
| Department of Justice (DOJ)Arrests Considered due to Potential of Risk to Children |       |
| Department of Justice (DOJ)& FBI Convictions |       |
| Child Abuse Central Index(CACI) |       |
| Out of State Child Abuse & Neglect Records(Adam Walsh Act) |       |
| CWS/CMS Search |       |
| Megan’s Law Check |       |
| Probation Records |       |
| Parole Records |       |
| Department of Motor Vehicles (DMV) |       |

**Supporting Documentation for Criminal/CWS Background Exemption**

|  |  |
| --- | --- |
| Law Enforcement Reports (reports must be attached) |       |
| Certificates of Treatment Completion (certificates must be attached) |       |
| Certified Court Dockets (dockets must be attached) |       |
| CWS referral & case history (referrals must be attached and a reference to any cases must be included) |       |
| Statements from Individuals (must be attached) |       |
| Letters of Reference (letters must be attached) |       |
| Other Evidence of Rehabilitation |       |

Exemption Justification**:**

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| Waiver Requested by: |  |  |  |
| Waiver Recommended By: | Social Service Worker |  | Date |  |
| Waiver Approved By: | Social Service Supervisor |  | Date |  |
| Waiver Approved By: | Social Service Program Manager |  | Date |  |
|  | Social Services Director or Deputy Director |  | Date |  |

|  |
| --- |
| Component V – Caregiver Qualifications |

Date of Interview with Potential Caregiver(s):       SSW:

The prospective caregiver(s):

[ ]  Is/are at least 18 years of age (proof of government issued identification required).

[ ]  Can demonstrate an understanding of the safety, permanence, and well-being needs of children and non-minor

dependents who have been victims of child abuse and neglect, and the capacity and willingness to meet those needs,

including the need for protection, and the willingness to make use of support resources offered by the agency, or a

support structure in place, or both.

[ ]  Can demonstrate an understanding of children’s or non-minor dependents’ needs and development, effective

parenting skills or knowledge about parenting, and a capacity to act as a reasonable and prudent parent in day to day

decision making (each prospective caregiver must be provided with a copy of the “Caregiver Information Sheet on

Use of Occasional Short Term Babysitters, the Reasonable and Prudent Parent Standard, and Extracurricular,

Enrichment and Social Activities” and sign acknowledgement of receiving and understanding these expectations

here).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Signature(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Understands his or her role as a resource family and the capacity to work cooperatively with the county and other

service providers in implementing the child’s or non-minor dependent’s case plan.

[ ]  Has/Have the financial ability within the household to ensure the stability and financial security of the family (copies

of documents evidencing household income required).

[ ]  Possesses the ability to maintain the least restrictive and most family-like environment that serves the needs of a

child or non-minor dependent.

[ ]  Demonstrates an understanding of the personal rights of children or non-minor dependents in care and his or her

responsibility to safeguard those rights (copies of the “Kings County Human Services Agency’s Child’s Personal

Rights” shall be provided to each caregiver and reviewed with them. Each individual must sign acknowledgement of receiving a copy of those rights, understanding of children’s rights, and commitment to safeguarding them here).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Has/have knowledge and is willing to prepare a child for adulthood or to prepare a non-minor dependent for the

transition to permanency or independent living.

[ ]  Understands and agrees not to release any information about children or non-minor dependents without the proper

court order or parent/non-minor dependent’s written consent.

[ ]  Has the capacity and agrees to cooperate with the Human Services Agency, its agents, court orders, and the case plan

in providing child welfare services to the child and/or family.

[ ]  Has/have an understanding of and the ability and willingness to participate in the Quality Parenting Initiative

Partnership Plan (requires SSW to review the QPI plan with the prospective caretaker(s).

[ ]  Understands and possess the capability of maintaining separate, complete, and current records in files for each child

as required and detailed on the “Resource Family Child Record Keeping” form. Each individual will receive a copy

of the form and sign here to acknowledge his or her responsibilities for record keeping:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Signature(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Understands and has the capacity to ensure children or non-minor dependents are provided with transportation to

health-related services, school, all services contained with the case plan or Transitional Independent Living Plan

(TILP), and extracurricular activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Agrees to provide children or non-minor dependents with the most family-like home setting as possible, which

includes, but is not limited to the following: including them in family meals; taking them on family vacations;

allowing access to food and snacks; teaching meal preparation depending on age; support biological relationships

unless restricted by court order or directives of the Human Services Agency; and assist youth and non-minor

dependents with attainment of self-sufficiency skills including family planning services.

**[ ]** Resource family homes are considered mandated reporters and are also required to report any incidents/events that

occur, which may threaten the health and safety of children. Each potential caretaker must be provided with a copy

of the “Statement Acknowledging Requirement to Report Child Abuse,” and sign the document acknowledging his

or her responsibility. Document must be maintained in the agency file.

[ ]  Incidents/events that are required to be immediately reported by telephone with follow up documentation on the

“Unusual Incident/Injury Report,” include, but are not limited to the following: death; injury or illness requiring

emergency medical or mental health hospitalization or treatment; unusual absence of a child; removal of a child by

law enforcement or other individual; communicable disease outbreak in the home; poisoning; fires or explosions; if

the resource family also operates a daycare; any changes in household composition; residential moves or changes in

mailing addresses; rape; pregnancy; suicide attempt or statements; theft; property damage; violent acts; identity theft;

or self-injurious behavior. Prospective caretaker(s) must sign here to acknowledge his or her responsibility to report

unusual incidents or injuries.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Agrees to allow either scheduled or unscheduled home visits, access to children, and private interviews by a CPS

SSW to ensure safety and protection of children or non-minor dependents in the home.

[ ]  Understands and agrees to comply with pre-training and post-training requirements to be approved as a resource

family, which includes completion of and orientation and nine (9) modules of Foster PRIDE/Adopt PRIDE training

within 60 days of placement, if an emergency placement is approved with a relative or non-related extended family

member, or for others, prior to resource family approval.

[ ]  Understands and agrees to comply with health/dental screening requirements to be approved as resource family

within 60 days of placement, if an emergency placement is approved with a relative or non-related extended family

member, or for others, prior to resource family approval.

|  |
| --- |
| Component VI– Home and Grounds/Health and Safety Evaluation |

In addition to completing RFA-02, the “Home Environment Checklist: Resource Family Approval” document, as required by the California Department of Social Services, additional evaluation is required to ensure the prospective resource family home can meet the health and safety needs of children.

Date Home Inspection Completed:       SSW:

[ ]  The home has non-ambulatory children or non-minor dependents and/or more than six children or non-minor

dependents living in the home, requiring a fire clearance. Date fire clearance was conducted and form is on file with

the agency

[ ]  All bathrooms have locking doors.

[ ]  All bedrooms have doors that close.

[ ]  Each child has their own closet and drawer space.

[ ]  Prospective caretaker(s) understand smoking is not permitted around children under any circumstances at the home

or in vehicles. Prospective caretakers(s) must sign here, agreeing with this stipulation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Signature(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Vehicles intended to transport children with are in a safe, operable condition. If not, comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Are there any insects or animals that may pose a health and safety risk for children? If so, comment:\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]** There are guard rails on stairs (Children 0-5 Years).

[ ]  There are first aid supplies in the home.

[ ]  There are safety gates at the top or bottom of stairs for children under 5 years of age.

[ ]  There are safety covers on all electrical outlets for children under 5 years of age.

[ ]  There are safety latches/locks on drawers or cabinets containing medicines or chemicals.

[ ]  All major appliances are in working condition.

[ ]  Caretaker(s) has/have unexpired, legally required, car seats for children. If not, comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Are freezers locked or inaccessible?

[ ]  There are animals which may present a health or safety risk to children.

[ ]  If dogs are in the home or present, they are restricted from being around children unsupervised by an adult.

[ ]  If dogs or cats are in the home or present, the home is free of obvious pet allergens (e.g. urine, feces, hair, odor).

[ ]  There are not any poisonous plants within access to children.

[ ]  Are any flammable items at least 18 feet away from water heaters, fire places, and furnaces?

[ ]  There is a fire extinguisher in the home.

[ ]  Are matches, lighters, and candles accessible to children?

[ ]  Potential caretaker(s) know(s) how to shut off the gas, electricity, and water in the event of an emergency.

[ ]  There are not tripping hazards on the floors.

[ ]  Bedroom windows do have security window bars without a safety release device.

[ ]  Each child has their own bed.

[ ]  Prospective caretaker(s) understand(s) linens must be cleaned weekly or more often for toileting accidents.

[ ]  Beds do not block closets or dressers.

[ ]  Beds are arranged for easy passage within the room and to allow quick exit.

[ ]  The home is handicapped accessible for children with developmental or physical disabilities requiring

accommodation, including entrance/exit of the home, bedroom access, and safety devices installed for toileting and

showering.

[ ]  Someone in the home has a medical marijuana card. If so, the individual understands any and all plants, as well as

paraphernalia must be properly stored and not within access of children. The individual also understands he/she

cannot smoke marijuana in the presence of or around children. The prospective caretaker(s) and individual(s) with a

card must sign here acknowledging agreement with these requirements:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]** Potential caretaker(s) understand(s) and agree to discuss and practice emergency procedures for the home with the

 children or non-minor dependents at the time of placement, if placement is approved, and every six months after

placement. Prospective caretaker(s) must sign here agreeing to this requirement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Water Heater has pop off valve and overflow pipe.

|  |
| --- |
| Component VII – Orientation/Training |

Resource families are required to complete specific types of training prior to approval. Failure to successfully complete the required orientation and training will result in denial of the home as a resource family and movement of a child placed on an emergency basis with relatives and non-related extended family members.

 **Training Completed Hours Date of Training Training Verified By**

|  |  |  |  |
| --- | --- | --- | --- |
| Orientation:  I. Resource Family Requirements ● Home & Grounds ● Outdoor Activity Space ● Storage Requirements ● Fire Clearance ● Emergency Procedures ● Reporting Requirements ● Record Maintenance ● Personal Rights ● Telephones ● Transportation ● Food & Nutrition ● Reasonable & Prudent  Parent Standard ● Care & Supervision ● Extracurricular Activities ● Cooperation & Compliance |       |       |       |
| Foster PRIDE Module I I. Factors Contributing to Abuse and Neglect II. Factors Causing Developmental Delays & Attachment Issues III. Permanency & Adoptions IV. Adoption Process V. Special Needs of Children VI. Roles, Rights, &  Responsibilities of Resource  Families  |       |       |       |
| Foster PRIDE Module II I. Overview of the CPS System II. Legal Mandates of CPS III. Delivery of CPS Services IV. CPS Services Assessments V. Case Planning VI. Childhood Needs VII. Abuse/Neglect Laws VIII. Permanency & Concurrent Planning IX. Child Welfare Teamwork X. Appeal Process XI. Child’s Sense of Self, Identity, & Self-Esteem |       |       |       |

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| --- | --- | --- | --- |
| Foster PRIDE Module III I. Abuse & Neglect IndicatorsII. Effects of Abuse/Neglect on Child Development,  Behavior, & Attachment III. Effects of Multiple Placements IV. Recognizing Developmental Delays  |       |       |       |
| Foster PRIDE Module IV I. Separation & Loss II. Minimizing Experience of Trauma III. Grieving Process & Healing |       |       |       |
| Foster PRIDE Module V I. Lifebooks II. Lifelong Biological & Familial Connections III. Sibling Relationships IV. Impact of Visitation on  Children V. Purposeful Visitation VI. Child’s Cultural Identity & Maintenance |       |       |       |
| Foster PRIDE Module VI I. Positive Home Environment II. Positive Discipline III. De-escalation of Behavior IV. Crisis Stabilization |       |       |       |
| Foster PRIDE Module VII I. Reunification Services II. Transitioning Children to Adoption III. Placement Services IV. Independent Living Services and Transitioning V. Adoption & Safe Families Act VI. Transparent Adoptions VII. Trans-racial Placements VIII. Permanency Options |       |       |       |
| Foster PRIDE Module VIII I. Investigating Abuse/Neglect Allegations II. Child’s Sense of Security III. Community Risks & Hazards IV. Medical Emergencies |       |       |       |
| Foster PRIDE Module IX I. Confidentiality II. Keeping Updated on CPS Laws & Regulations III. Advocating for Services IV. Community Services V. Health & Education Services |       |       |       |
| CPR & First Aid Certification |       |       |       |

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| --- |
| Component VIII – Psycho-Social Risk and Permanency Assessment |

The purpose of a psycho-social risk and permanency assessment is to comprehensively assess an applicant’s suitability as a resource family and determination of whether the applicant has the capacity to foster, adopt, or provide legal guardianship of a foster child or non-minor dependent. It also considers what is in the best interests of children and non-minor dependents served by the child welfare system.

The county is required to conduct a minimum of three (3) interviews with each applicant, including at least one (1) joint interview if there are two applicants. One of the required interviews may occur during the home assessment, during the approval process, or through the training environment. A separate face to face interview is required for all other persons living in the home. Interviews shall include parent-child interaction and be in the home whenever possible. If an RFA applicant fails to participate in required interviews, the home shall be denied.

|  |  |  |
| --- | --- | --- |
| **Date of Interview** | **Person(s) Interviewed** | **Location of Interview** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

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| --- | --- | --- |
| **Name of Reference(s)** | **Relationship to Applicant** | **Date Received** |
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| --- | --- | --- |
| **Examination Type** | **Completion Date** | **Concerns Noted** |
| **Medical/Health Examination** |  |  |
| **Dental Examination** |  |  |
| **TB Test** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Spouse/Domestic Partner** | **Beginning Date** | **Ending Date** | **Verification Document(s) on File** |
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**Family History Assessment**

Demographic and Cultural Profile

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| --- |
| Full name and date of birth for each applicant. Ethnic and cultural identity and affiliation. Religious affiliation.  |
|  |

|  |
| --- |
| Name of spouse or significant other and legal relationship. Names of children, ages, and where/with whom they reside.  |
|  |

Social Study/Family History

|  |
| --- |
| Who was in your family of origin; parents, step-parents, siblings, grandparents, other parental figures? |
|  |

|  |
| --- |
|  Describe your relationship with your mother, step-mother, or other mother figure that raised you.  |
|  |

|  |
| --- |
| Describe your relationship with your father, step-father, or other father figure who raised you. |
|  |

|  |
| --- |
| Describe any divorces, separations, or custody disputes in your family of origin. |
|  |

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| --- |
| Describe in detail, any substance abuse, child abuse, domestic violence, incarcerations or mental illness in your family of origin. |
|  |

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| --- |
| How were you disciplined as a child? Did your parents discipline your siblings in the same manner? If no, explain.  |
|  |

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| --- |
| Describe your childhood and what you were like as a child and as a teenager. How has that shaped the person you are today? |
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| --- |
| What was your family's attitude about sexuality and what are your attitudes about sexuality and family planning? |
|  |

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| --- |
| Describe any military service for yourself or anyone in your family. (Branch, combat involvement, dates of service, type of discharge, if any.)  |
|  |

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| --- |
| Describe all of your significant romantic relationships, past and current (When they began, ended and the reason for ending the relationship). |
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| --- |
| Describe any domestic violence, substance abuse, incarceration or mental illness for yourself currently or in the past.  |
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| --- |
| If currently in a relationship, describe what they are like, good and bad about the relationship, difficulties, and how you have overcome them.  |
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| --- |
| How would you characterize your relationship with your parents, siblings, and other extended family members, currently? |
|  |

Residential and community environment

|  |
| --- |
| How long have you lived at your current residence? Do you rent or own? How would you describe you neighborhood? |
|  |

Health/Mental Health/Dental Status

|  |
| --- |
| Please describe any medical conditions past or current, including medications taken and/or medical procedures.  |
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| --- |
| Describe any mental health treatment you have had in the past or are currently receiving. |
|  |

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| --- |
| How do you take care of yourself? What are you self-care practices? |
|  |

|  |
| --- |
| Have you or any family member had any of the following conditions? Indicate which family member by using the following codes, placing them in front of the condition: |
| 1= Self 2=Parent(s) 3=Grandparent(s) 4=Sibling(s) 5=Children 6=Partner 7=Uncles/Aunts     Diabetes      Arthritis      Seizures      Cancer     High Blood Pressure      Frequent Headaches      Asthma      Colitis     Ulcers      Impaired Sight      Allergies      Hearing Loss     Kidney Disease      Stroke      Heart Disease      Heart Attack     Heart Incident      Tumors      Insomnia      High Cholesterol     Intellectual Disorder      Alcoholism      Drug Abuse      Tuberculosis     Eating Disorder      Thyroid Condition      Bipolar Disorder      Schizophrenia     Depression      ADHD      Infertility/Sterility      STDs     Hepatitis      Sickle Cell Anemia      Other:        |

Historical Trauma and Coping Strategies

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| --- |
| Describe any traumatic incidents, accidents, loss of loved ones and how you dealt with that.  |
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| --- |
| What is the most challenging thing in your life you have had to face? How did you handle it? |
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| --- |
| How do you handle anger, stress or frustration? What kinds of things do you find stressful? |
|  |

Resource Family Strengths

|  |
| --- |
| What is your knowledge of community resources |
|  |

|  |
| --- |
| What coping skills do you use in difficult times |
|  |

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| --- |
| What do you see as your greatest strengths? |
|  |

Household make up and dynamics

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| --- |
| How do the others in your home feel about becoming a resource family? |
|  |

Personal and Professional Accomplishments

|  |
| --- |
| Describe your education history including elementary, high school, college or vocational school and any degrees or certifications received.  |
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|  |
| --- |
| Describe your employment history. Have you ever been fired? If so, what were the circumstances? |
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|  |
| --- |
| Do you participate in community services or do volunteer work? |
|  |

 Parenting Assessment

Parenting Skills, Knowledge and Abilities

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| --- |
| Describe your parenting style and how you discipline children? |
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| --- |
| What are the most important things children need during their childhood? |
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| --- |
| What are your expectations of children? |
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| --- |
| What types of things should a child eat? |
|  |

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| --- |
| How does a teenager or youth need to be prepared for transitioning to adulthood? |
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| --- |
| How would you help a child or youth connect with their cultural identity? |
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|  |
| --- |
| What types of learning or academic experiences do you believe are necessary for children? |
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| --- |
| When should a child be toilet trained, how would you do this and what would you do if a child had bedwetting accidents? |
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| --- |
| What types of activities are good for children? |
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| --- |
| How do you communicate and interact with children? |
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| --- |
| What would your response be if a child got into trouble at school? |
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| --- |
| How would you help a child with learning disabilities or special needs? |
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| --- |
| What are your rules about privacy in the home? |
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| --- |
| What are your thoughts about children displaying lesbian, homosexual, or transgender behavior? |
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| --- |
| What types of household responsibilities should children have? |
|  |

Understanding of Foster Children's Needs/Dynamics of Abuse/Neglect

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| --- |
| How would you help a child heal from trauma? |
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| --- |
| What would you do if a child in your home told you he or she was touched on a private part by a member of your household or family? |
|  |

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| --- |
| Is there training or any resources you may need to provide for the care and supervision of children who have been abused or neglected? |
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|  |
| --- |
| If this is a specific child application, what are the allegations of abuse or neglect that led to the child’s removal? |
|  |

|  |
| --- |
| If this is a specific child application, do you believe the allegations leading to his or her removal? |
|  |

|  |
| --- |
| If this is a specific child application, what is your relationship with the parents and family? |
|  |

|  |
| --- |
| How do you plan to protect the child from his or her parents and other family members? |
|  |

**Permanency Assessment**

Permanency Commitment

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| --- |
| Are you interested in caring for a child long term, a legal guardianship, or adoption? |
|  |

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| --- |
| Why is permanency important for children? |
|  |

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| --- |
| Are biological family members important to children? Would you support those relationships? |
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|  |
| --- |
| Are you willing to enter into a post-adoption contact agreement? |
|  |

|  |
| --- |
| How would you plan for long term care of a child in the event of your death? |
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|  |
| --- |
| How would you support reunification of children with their parents or family members? |
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| --- |
| Component IX: Documented Alternative Placement Plan (DAP) – Attach to RFA-02 |

The home of       at       meets all of the health and safety standards as required aside from the following exception(s):

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The alternative placement plan being requested is as follows:

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Approval of an alternative placement plan is needed to serve the best interests of the child(ren) due to the following reasons:

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|  |

Alternative Placement Plan Recommended By:

|  |  |  |
| --- | --- | --- |
| Social Service Worker |  | Date  |

**Alternative Placement Plan Approved By:**

|  |  |  |
| --- | --- | --- |
| Social Service Supervisor |  | Date  |

|  |
| --- |
| Resource Family Home Approval or Denial Determination**Placement Approval or Denial Decision** |

1. The resource family home is approved. [ ] Yes [ ] No

 (If no, the SSW must mail the resource family a “Notice of Action – Denial of Home Assessment/Approval.”)

2. The resource family has been determined suitable for placement. [ ] Yes [ ] No

 (If no, the SSW must notify the applicant(s) that, although their home was approved, placement was not and the reason(s) for this decision on agency letterhead and placed in the file.)

**The SSW shall provide the applicant(s) with a copy of the “Psycho-Social Risk and Permanency Assessment Report.”**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Social Service Worker |  | Phone Number |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Social Service Supervisor |  | Phone Number |  | Date |