Resource Family Written Report

*Note: This Resource Family Written Report has been prepared in compliance with the Written Directives for Counties and the Interim Licensing Standards for Foster Family Agencies. It contains confidential information that shall not be disclosed except for authorized purposes. This report may be shared with county staff for the purposes of placement matching of children only.*

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| |  | | --- | | RESOURCE FAMILY INFORMATION | | |
| |  | | --- | | **Parent 1 (Full Name):** | | |  | | --- | | **Parent 2 (Full Name):** | |
| |  | | --- | | **Telephone:** | | |  | | --- | | **Telephone:** | |
| |  | | --- | | **Address:** | | |
| |  | | --- | | **Application Received Date:** | | |
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| Type of Care Resource Family is Primarily Interested in Providing (Check all that apply) | |
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| Summary of Identifying Information of Family |

***Include at minimum the following information regarding the demographics of the family.***

* Identifying Information of an applicant and any children or adult residing in the home (Include all adults and children, identify foster children in the home as “Child #1, etc. and complete the last page):

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| **Applicant 1:** | |
| |  | | --- | | **Date of Birth:** | | |  | | --- | | **Gender:** | |
| |  | | --- | | **Ethnicity:** | | |
| |  | | --- | | **Tribal Affiliation (if any):** | | |
| |  | | --- | | **Occupation:** | | |
| |  | | --- | | **Relationship (Married, Divorced, Domestic Partner, etc.):** | | |
| |  | | --- | | **Language(s) Spoken:** | | |
| **Social Security #:** | **Driver’s License#:** |
| **Education:** | **Employment Status:** |
| **Primary Income:** | I**ncome Amount:** |

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| **Applicant 2:** | |
| |  | | --- | | **Date of Birth:** | | |  | | --- | | **Gender:** | |
| |  | | --- | | **Ethnicity:** | | |
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| |  | | --- | | **Occupation:** | | |
| |  | | --- | | **Relationship (Married, Divorced, Domestic Partner, etc.):** | | |
| |  | | --- | | **Language(s) Spoken:** | | |
| **Social Security #:** | **Driver’s License#:** |
| **Education:** | **Employment Status:** |
| **Primary Income:** | **Income Amount:** |

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| |  | | --- | | **Ethnicity:** | | |
| |  | | --- | | **Tribal Affiliation (if any):** | | |
| |  | | --- | | **Relationship (for a child, include whether the relationship is biological, adoption, guardianship, or other):** | | |
| |  | | --- | | **Language(s) Spoken:** | | |
| **Result of TB Screening for Adults:** | |

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| |  | | --- | | **Date of Birth:** | | |  | | --- | | **Age:** | |
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| |  | | --- | | **Ethnicity:** | | |
| |  | | --- | | **Tribal Affiliation (if any):** | | |
| |  | | --- | | **Relationship (for a child, include whether the relationship is biological, adoption, guardianship, or other):** | | |
| |  | | --- | | **Language(s) Spoken:** | | |
| **Result of TB Screening for Adults:** | |

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| |  | | --- | | **Tribal Affiliation (if any):** | | |
| |  | | --- | | **Relationship (for a child, include whether the relationship is biological, adoption, guardianship, or other):** | | |
| |  | | --- | | **Language(s) Spoken:** | | |
| **Result of TB Screening for Adults:** | |

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| |  | | --- | | **Ethnicity:** | | |
| |  | | --- | | **Tribal Affiliation (if any):** | | |
| |  | | --- | | **Relationship (for a child, include whether the relationship is biological, adoption, guardianship, or other):** | | |
| |  | | --- | | **Language(s) Spoken:** | | |
| **Result of TB Screening for Adults:** | |

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| |  | | --- | | **Tribal Affiliation (if any):** | | |
| |  | | --- | | **Relationship (for a child, include whether the relationship is biological, adoption, guardianship, or other):** | | |
| |  | | --- | | **Language(s) Spoken:** | | |
| **Result of TB Screening for Adults:** | |
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| |  | | --- | | **Relationship (for a child, include whether the relationship is biological, adoption, guardianship, or other):** | | |
| |  |  | | --- | --- | | |  | | --- | | **Language(s) Spoken:** | | | |
| **Result of TB Screening for Adults:** | |

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| Summary of Home Environment Assessment |

*Evaluate and determine whether the applicant’s home is safe and in compliance with the requirements contained in the Written Directives for Counties or the Interim Licensing Standards for Foster Family Agencies.*









*If home does not meet the home environment standards, provide information regarding what standards are not met and what attempts to resolve them were made.*

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| General Description of the Home |

*Description of the home (inside and outside) and neighborhood including the following:*

* *Type of residence (single family home, apartment, etc.)*
* *The number of bedrooms/bathrooms*
* *Distribution of family members in bedrooms*
* *How many children (including current children in the home) may occupy bedrooms in accordance with the Written Directives for Counties or the Interim Licensing Standards for Foster Family Agencies.*
* *How long the family has lived there*
* *Proximity to services (schools, hospitals, etc.)*
* *Any other relevant information (e.g. weapons in the home)*

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| Summary of Background Check Assessment |

*All required components of the background check assessment pursuant to the Written Directives for Counties or the Interim Licensing Standards for Foster Family Agencies were completed for the following individuals. A discussion regarding the results of a background check assessment of each individual listed here will be addressed later on in this report:*

* *Insert Applicant 1 Name*
* *Insert Applicant 2 Name*
* *Insert Names of Other Adults Residing or Regularly Present in the Home*





*If the applicant(s) or any adult residing or regularly present in the home have not met the background check assessment, explain the reason(s).*

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| *Summary Assessment of Family* |

***Motivation to become a Resource Family:***

***CHILD ALREADY PLACED IN THE HOME****:*

*What is your relationship to the specific child(ren) and their family/parents.*

*What is your level of/ability around a permanency commitment? (State what the greatest level of permanency the RF is willing to provide at this time (i.e. legal guardianship, adoption?)*

*Are you open to taking another foster child(ren)?*

*Ability to complete the RFA process in 90 days?*

*Have you had any experience with infertility? What did that look like? How did you decide this was the right time to adopt?*

*Are there any other family members able to care for/assist you in caring for the child(ren)?*

*Have you had any previous experience with a placement and/or caring for a family member?*

***Social Support System:***

*Who is in applicants support network: how do their friends and family support them, where do they live?*

*Who shows up on moving day? Who will be your immediate supports? If you needed financial support, who would you call?*

*Who would take care of the children if you couldn’t? Have you spoken with those people yet?*

*Who are your main emotional supports? (If a couple and they only identify each other, explore further during your individual interview)*

*Who would you contact in a crisis?*

*Is there more support you wish you had? Do you have any concerns about your support network?*

*Do you belong to any groups or organizations/churches that you see as a support?*

*NEW SUPPORT: Are you willing and/or open to having a mentor, being involved in a caregiver support group, would you down the road want to mentor a resource family? (If you already assess that this may be a need for the family, then let them know you see it as a recommendation)*

*Are you open to receiving services inside your home that would benefit the child (counseling, OT, PT)?*

*If a couple, what are each other’s family roles and division of household duties?*

***Employment:***

*What is your current employment? Hx of employment? Have you had any breaks in employment? What was the reason(s)?*

*How satisfied are you with your current employment?*

*How flexible is applicant(s) employer? Do you have the ability to take leave time (4-6 weeks for bonding)?*

*What does your typical work week look like? What days and hours do you work? Does your schedule change?*

*How does you now or will balance family and work life? What is your plan once children are placed with you?*

*MILITARY FAMILIES: Any upcoming deployments? Do you ever need to travel on weekends for your role?*

*Verify the applicant’s financial standing: {Verify the income and disclosure expense form and their disclosure of expenses}*

*Does the applicant anticipate any changes in the family financial situation? How will this be addressed/handled?*

*Does the family have any financial concerns? If so, how can the agency support you?*

*Does that applicant have someone that they can ask for financial assistance in an emergency?*

* *What is the applicants understanding of their financial responsibilities as a resource family?*
* *Describe background check results?*

*Does the applicant(s) history create any barriers in caring for a child(ren), what actions has the applicant(s) taken to address any history and how can the County support applicant(s).*

*Discuss only* ***general information*** *about any other person(s)’ history residing/frequently in the home and the applicant’s ability to protect. (If you have concerns, identify them for the family)*

*If the applicant(s) has no criminal history, how do they feel about others that have criminal histories (potential placement and parents of child(ren) placed in their home?*

***Applicant(s)’ Childhood Upbringing and Experiences and early adulthood:***

*Where did you grow up? What were some of your childhood experiences; education, interests, experience with relationships as a child?*

*How were you discipline?*

*What cultural experiences did you have, routines, traditions, customs?*

*Did you experience any child abuse?*

*What is your last level of education?*

*Any military experience?*

***Adult Experience and Personal Characteristics and Risk Assessment:***

*Current use of alcohol and/or substances as well as historical use.*

* *How often do you currently drink alcohol or utilize any other substances.*
* *Has alcohol or any other substance ever been an issue or problem for you? If so, how did you resolve it? How do you stay sober/clean? Who are your supports around this?*

*Current physical or mental health issues/challenges? Are there any historic issues?*

* *If past challenges or issues, what support did you receive around it? Have you participated in counseling? Are you currently under any psychiatric care? Did/Do you find it useful? If physical issues or challenges, do you see any barriers to being able to support a child/meet needs? What supports would need in order to do so?*

*Discuss any prior poor choices/things you wish you would have done differently and why. (If there is criminal past behavior, make sure you understand it all to the best of your ability)*

*Have you had any experience with Child Welfare? If so, how?*

*As an adult, how have you addressed any past physical, emotional, sexual abuse? How have you resolved these issues from your past?*

*Do you feel safe at home? (Never ask in front of their partner/spouse) (Any domestic violence, current? Or past?) (As a perpetrator and/or victim)*

*How do you manage stress in your life? How do you re-energize and take care of yourself? What are you most proud of?*

***Regarding relationships****:*

*Current marriage, when and where? Any past marriages? When, and date of resolution. Long-term relationships?*

*What happened during your past relationships? Why did it/they end? What did you learn from that relationship(s)?*

*Are there any children from the relationships? How were they impacted by it ending?*

*Any experience as a step parent? What was good and difficult about that role for you?*

*Are you satisfied with your current relationship as it pertains to the level of intimacy/closeness and what, if anything would you like to change?*

*How would you describe your communication in your current relationship (Difficult? Limited? Open? Effective?)*

*How do you resolve conflict/differences in your current relationship?*

*What challenges have you overcome as a couple? (You first gather this information individually and then you can revisit at your final interview with them both as a couple)*

***Parenting Approaches/Experience as a Parent and/or with children****:*

*Family Traditions and Beliefs:*

*How are holidays and birthdays celebrated? Cultural traditions and beliefs? What are your household rules? If no children in the home, what do you anticipate? Do you attend Church and/or identify with any religion? What is your level of involvement with that religion? Can you support a child of another faith/religion? How might this be difficult?*

*What is the applicant(s) plan/approach if a child(ren) does not meet expectations and/or values that they have in their home?*

*Applicant(s)’ ability/belief/knowledge and understanding in supporting children into adulthood?*

*Family Activities and Home Environment:*

*How active are you and your family? How active would you want a child(ren) to be?*

*How do you spend your free time? What does a typical day look like? Weekday routines?*

*How do you anticipate your daily and weekly habits will change with a child(ren)?*

*How much time do you spend with other families?*

*How much time do you spend on multicultural activities?*

*Who are the children in your life currently? How often do you get to see them? What do you enjoy about children?*

*Parenting Practices and Discipline Methods as well as future child considerations:*

*What is your child care plan?*

*What is or do you anticipate your parenting style to be?*

*What kind of behaviors would be difficult for you to manage and/or tolerate? How do you think you would manage such behaviors if they appeared?*

*How do you plan on disciplining he child? For current parents, how have you disciplined the other children in your home? Do you see your approach changing? How do you feel about physical discipline? (****Assure that they understand that no physical discipline (including spanking) will be tolerated and assess applicants understanding of why this is important to children in foster care)***

*Who do you rely on for support and advice around parenting?*

*What is your understanding of attachment parenting? If they have completed the pre-service training, what did they learn? What stood out to them?*

* *Family’s ability to parent a child(ren) from different backgrounds or experiences: Do you have any experience parenting children with specialized needs? Developmental needs?*

*How would you gain more knowledge about the child(ren)’s specialized backgrounds and/or experiences?*

*How would your support system feel about a child(ren) with these experiences/needs?*

*How would applicants meet child(ren)’s gender/culture/spiritual/sexual orientation needs?*

*Are you willing to take children whose cultural or religious events may conflict with your own beliefs?*

*Are there any parenting supports the County can provide?*

*Family’s willingness to honor Natural Connections:*

*Is the applicant willing to have contact with the biological family during dependency and/or post-adoption; and what does that contact look like? (photos, visits, and how often?)*

*Is applicant willing to take additional siblings that may come to need placement?*

*What is applicant’s expectations and understanding of the reason for dependency and placement?*

*Explore applicants willingness to support FR; are they comfortable supervision visitation when safe to do so by the SW? What are their feelings about biological parents?*

*Are they supportive of sibling visitation?*

***Characteristics and Demographics Of a Child*** *or* ***NonMinor Dependent Best Served by the Applicant****:*

*(How do you hope to grow your family?)*

*IF applicant(s) is related or has a relationship with a specific child(ren), are they willing to have other non-related child(ren) placed?*

*Does the applicant have limitations to placement, such as: age, number of children, gender, criminal histories, birth family’s mental health, ethnicity, any behavioral issues, legal risk (child not freed), medical needs, developmental needs, pre-natal drug exposure, etc?*

*Would you want to be considered for a Relinquished/Safely-Surrendered placement?*

*Applicants preference for the child(ren) best served by the applicants to include: age, gender, ethnicity, special considerations?*

***Interview of other adults in the home****:*

*What is your relationship to the applicants, and what is your role in the household?*

*Will you be providing childcare and/or transportation for the children in the home?*

*If children are placed in the home: What is your relationship to the specific child(ren) and their family/parents?*

*What is your viewpoint on taking children into the home?*

*Are you currently employed? Where do you work?*

*How often do you currently drink alcohol or utilize any other substances?*

*Has alcohol or any other substance ever been an issue or problem for you? If so, how did you resolve it?*

*How do you stay sober/clean? Who are your supports around this?*

*Do you have any current physical or mental health issues/challenges? Are there any historic issues?*

*If past challenges or issues, what support did you receive around it?*

*Have you participated in counseling?*

*Are you currently under any psychiatric care? Do you take any medication for your mental health?*

*Did/Do you find it useful?*

*Discuss results of the background check/criminal history, and explain exemption if required.*

*Discuss any prior poor choices/things you wish you would have done differently and why. (If there is criminal past behavior, make sure you understand it all to the best of your ability)*

*Have you had any experience with Child Welfare? If so, how?*

*As an adult, how have you addressed any past physical, emotional, sexual abuse? How have you resolved these issues from your past?*

*Do you feel safe at home? (Never ask in front of their partner/spouse) (Any domestic violence, current or past? As a perpetrator and/or victim.)*

***Interview of children in the home***

*1) What you like and not like about mom? Dad? Siblings?*

*2)What happens if you do something you are not supposed to?*

*3) What are your favorite things to do with your family? What makes your family special?*

*For older youth:*

*How would you describe your parents parenting style? What is fun about your parents, what happens when you do something you are not supposed to?*

*If it has been identified that their child(ren) has any physical/mental health/behavioral/substance abuse history, asked how they addressed it? How are they managing?*

*If there is a custody situation, explore how they are handling it? What are the current arrangements? Any Family Law Court involvement? How do they feel about it?*

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| *Summary of Pre-Approval Training* |

*Provide a brief description of training the applicant(s) completed, including the number of hours and any evaluation feedback provided by the trainer(s).*

*Describe any specialized training the applicant(s) completed, if any.*

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| *Determination of Applicant’s Commitment and Capability to Meet the Needs of a Child/Nonminor Dependent* |

*Review all information gathered through the Resource Family Approval application and assessment processes and provide a determination of the applicant’s commitment and capability to meet the needs of a child or nonminor dependent. Include at minimum the following items:*

*Strengths/weaknesses of each applicant – Some items to consider may include:*

*Applicant 1:*

* *Concerns documented by supporting evidence/information.*
* *Attempts by the County/agency or applicant(s) to resolve/mitigate the concerns.*
* *The RFA worker’s determination of whether the concern has been resolved.*
* *Additional resources/services/training RFA worker recommends to a family to enhance their parenting skills/abilities or to meet the needs of a child or nonminor dependent.*
* *The applicant’s understanding of the needs, safety, permanence, and well-being of children or nonminor dependents, including those who have been victims of abuse or neglect.*
* *The applicant’s ability and willingness to participate in the Quality Parenting Initiative Partnership Plan, if applicable.*
* *Willingness of the applicant(s) to work collaboratively with service providers, public agencies etc.*
* *A summary of the applicant’s understanding of the legal and financial responsibilities for providing care to a child or nonminor dependent. Some items to consider shall include:*
  + *Ability to maintain family financial stability personal rights for foster youth*
  + *Prudent parent standards/requirements*
  + *Due process rights*
* *Any other relevant information*

*Applicant 2:*

* *Concerns documented by supporting evidence/information.*
* *Attempts by the County/agency or applicant(s) to resolve/mitigate the concerns.*
* *The RFA worker’s determination of whether the concern has been resolved.*
* *Additional resources/services/training RFA worker recommends to a family to enhance their parenting skills/abilities or to meet the needs of a child or nonminor dependent.*
* *The applicant’s understanding of the needs, safety, permanence, and well-being of children or nonminor dependents, including those who have been victims of abuse or neglect.*
* *The applicant’s ability and willingness to participate in the Quality Parenting Initiative Partnership Plan, if applicable.*
* *Willingness of the applicant(s) to work collaboratively with service providers, public agencies etc.*
* *A summary of the applicant’s understanding of the legal and financial responsibilities for providing care to a child or nonminor dependent. Some items to consider shall include:*
* *Ability to maintain family financial stability personal rights for foster youthPrudent parent standards/requirements*
* *Due process rights*
* *Any other relevant information*

*A statement that the applicant has been provided with information about the foster care payment rates, Kin-GAP, and AAP.*

*Capacity Determination – List the number of children or nonminor dependents for whom the applicant is capable of providing care. Some items to consider may include:*

* *Applicant’s request for number of children*
* *Agency’s determination of capacity and justification if different than applicant’s request*

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| Approval/Denial of Resource Family Approval |

*State the determination of approval/denial of Resource Family Approval. Include, at minimum the following:*

* Justification of determination with supporting evidence/documentation*

* *Determination whether or not the family has demonstrated all elements as indicated in the Written Directives for Counties or the Interim Licensing Standards for Foster Family Agencies. Suggested language as follows:*

*During the comprehensive assessment of the applicant(s), they have demonstrated all of the following:*

1. *An understanding of the safety, permanence, and well-being needs of children and nonminor dependents who have been victims of child abuse and neglect.*
2. *An ability and willingness to meet those needs, including the need for protection.*
3. *A willingness to make use of support resources offered by the agency, or a support structure in place, or both.*
4. *An understanding of children’s and/or nonminor dependents’ needs and development, effective parenting skills or knowledge about parenting.*
5. *An ability to act as a reasonable and prudent parent in day to day decision making.*
6. *An understanding of his or her role as a Resource Family.*
7. *An ability to work cooperatively with the agency and other service providers in implementing a child’s or nonminor dependent’s case plan.*

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| Resource Family Approval |

*Amend language as appropriate*

I certify that  has/have successfully met the application and

(Insert names of applicant(s))

assessment criteria of a Resource Family and is approved to provide care for up to  (Total capacity number)

Psychosocial assessment criteria of a Resource Family and is approved to convert to Resource Family status and provide care for up to  

(Total capacity number) (Total children In Home)

Or

I certify that  has/have not met the application and

(Insert names of applicant(s))

assessment criteria of a Resource Family and the application has been denied.

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| Receipt of RFA Written Report |
| **By signing below, I acknowledge that I have received a copy of this report.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Applicant 1 Printed Name Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Applicant 2 Printed Name Signature Date |

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| Considerations for Placing Agency |

*Provide additional information that may be beneficial for a placing agency to consider before placing a child with the family.*

* *Capacity *
* *Age Range  to *
* *Gender Male  Female*
* *Emergency Shelter Care or *
* *Ethnicity of Children*
* *Languages able to speak*
* *Behaviors*
* *Religion*

*\* Indicate if family is approved for only the children currently placed.*

**Confidential List of Foster Children**

This page is to remain confidential and is not to be attached to copies of the Written

Child #1: Insert Name of Child  Date Placed:

Child #2: Insert Name of Child  Date Placed: 

Child #3: Insert Name of Child  Date Placed: 