

AGENCY USE ONLYRF ID #: _____
FFA: _____**RESOURCE FAMILY APPLICATION**Instructions: This is the application form for Resource Family Approval by a foster family agency. Please type or print clearly.☐ INITIAL APPLICATION ☐ OTHER (SPECIFY) : _____**I. APPLICANT(S): EACH APPLICANT MUST COMPLETE AN OUT-OF-STATE DISCLOSURE & CRIMINAL RECORD STATEMENT LIC 508 D.**

FIRST		MIDDLE		LAST	
APPLICANT ONE:					
PREVIOUS NAMES USED: <i>*including maiden name</i>				HIGHEST LEVEL OF EDUCATION COMPLETED	
DATE OF BIRTH	GENDER	RACE/ETHNICITY		DRIVER'S LICENSE NUMBER	
EMAIL ADDRESS (OPTIONAL)		CELL PHONE NUMBER		HOME PHONE NUMBER	
NAME/ADDRESS OF EMPLOYER		WORK PHONE NUMBER		OCCUPATION	ANNUAL INCOME

FIRST		MIDDLE		LAST	
APPLICANT TWO:					
PREVIOUS NAMES USED: <i>*including maiden name</i>				HIGHEST LEVEL OF EDUCATION COMPLETED	
DATE OF BIRTH	GENDER	RACE/ETHNICITY		DRIVER'S LICENSE NUMBER	
EMAIL ADDRESS (OPTIONAL)		CELL PHONE NUMBER		HOME PHONE NUMBER	
NAME/ADDRESS OF EMPLOYER		WORK PHONE NUMBER		OCCUPATION	ANNUAL INCOME

II. APPLICANT(S)' RESIDENCE

PHYSICAL ADDRESS		CITY		STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP
Do you own, rent or lease the residence?				Check one: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease	
Weapons in the home?				Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Body of Water				Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe the location of the body of water and its size.					
Does any person not listed in this document use the residence as their mailing address?				Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If yes, who: _____	

Please provide directions, including major cross-street information, to your residence.

Languages spoken in the home.

III. RELATIONSHIP BETWEEN APPLICANTS

IF MORE THAN ONE APPLICANT, WHAT IS YOUR RELATIONSHIP? Please check one.

☐ MARRIED ☐ DOMESTIC PARTNERSHIP ☐ RELATED (FAMILY MEMBER) ☐ COHABITANTS ☐ OTHER _____

DATE OF CURRENT MARRIAGE/DOMESTIC PARTNERSHIP _____

PLACE OF CURRENT MARRIAGE/DOMESTIC PARTNERSHIP (CITY AND STATE) _____

IV. MINOR CHILDREN RESIDING IN THE HOME (PLEASE DO NOT INCLUDE NAME OF CHILD)

RELATIONSHIP TO APPLICANT(S)	DATE OF BIRTH	GENDER	DO YOU FINANCIALLY SUPPORT THIS CHILD?	ADOPTED
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. OTHER ADULTS RESIDING OR REGULARLY PRESENT IN THE HOME

Each adult residing or regularly present in the home must complete an Out-of-State Disclosure & Criminal Record Statement LIC 508D.

FULL NAME (FIRST, MIDDLE INITIAL & LAST)	DATE OF BIRTH	RELATIONSHIP TO APPLICANT(S)

VI. APPLICANT(S) HISTORY

MARITAL / DOMESTIC PARTNERSHIP HISTORY			
NAME OF FORMER SPOUSE / DOMESTIC PARTNER	MARRIAGE / DOMESTIC PARTNERSHIP DATE AND PLACE (CITY AND STATE)	DIVORCE / DOMESTIC PARTNERSHIP TERMINATION / DISSOLUTION DATE & PLACE	DEATH DATE & PLACE
APPLICANT ONE:			
APPLICANT TWO:			

ADULT CHILDREN OF APPLICANT(S)			
FULL NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP TO APPLICANT(S)	LIVES IN HOME?

VII. CHILD DESIRED

- Has a child been identified? Check one: ☐ Yes ☐ No If yes, complete LIC 01C.
- Is the child currently in your home? Check one: ☐ Yes ☐ No

IF A CHILD HAS NOT BEEN IDENTIFIED, PLEASE INDICATE YOUR PREFERENCES:

AGE(S)							
<input type="checkbox"/> 0 TO 3 yrs	<input type="checkbox"/> 4 TO 8 yrs	<input type="checkbox"/> 9 TO 12 yrs	<input type="checkbox"/> 13 TO 15 yrs	<input type="checkbox"/> 16 TO 18 yrs	<input type="checkbox"/> 18 TO 21 yrs	<input type="checkbox"/> No preference	
SIBLING (GROUP OF)							
<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 or more			

VIII. FOSTER CARE/ADOPTION/ LICENSURE HISTORY

- Have you been previously licensed, certified, or approved to provide foster care?
If yes, name of agency(s): _____
Type of license/certification/approval: _____
- Have you previously applied for adoption?
If yes, name of agency(s): _____
- Have you previously been licensed to operate a non-foster care community care facility, child care center, family child care home, or residential care facility for the elderly or chronically ill?
If yes, type of license: _____
- Have you previously been employed by or volunteered at a community care facility, child care center, family child care home, or residential care facility for the elderly or chronically ill?
If yes, name the facility(s): _____
- Have you had a previous license, certification, relative or nonrelative extended family member approval, or resource family approval application denial?
Check one: ☐ Yes ☐ No
If yes, name of agency(s): _____
- Have you had a license, certification, or approval suspended, revoked, or rescinded?
Check one: ☐ Yes ☐ No
If yes, name of agency(s): _____
- Have you been subject to an exclusion order?
Check one: ☐ Yes ☐ No

IX. REFERENCES

Please list the name, telephone number(s), and address of three individuals who have knowledge of your home environment, lifestyle, and ability to be a Resource Family.

FULL NAME	TELEPHONE NUMBER(S)	MAILING ADDRESS/CITY/STATE/ZIP	EMAIL ADDRESS (OPTIONAL)

X. APPLICANT(S) DECLARATION

I/We declare that:

- I/We have the financial ability to ensure the stability and financial security of the family.
- In signing this application, I/we understand that the completion of routine forms will be required by my/our references, physician, and employer, that my/our financial status will be verified and a background check will be conducted.
- I/We affirm that the information provided on this form is true, correct, and contains no material omissions of fact to the best of my/our knowledge and belief.
- I/We understand any false or misleading statements willfully or knowingly made to the foster family agency or Department, or failure to disclose material facts to obtain or maintain Resource Family approval can result in a denial or rescission of a Resource Family approval.

APPLICANT(S) SIGNATURE	CITY AND COUNTY WHERE SIGNED	DATE