

RESOURCE FAMILY APPLICATION

Agency Use Only
FFA: _____

Instructions: This is the application for Resource Family Approval by a foster family agency. Please type or print clearly.

☐ Application ☐ Other (Specify): _____

I. APPLICANT(S): EACH APPLICANT MUST COMPLETE AN OUT-OF-STATE DISCLOSURE AND CRIMINAL RECORD STATEMENT LIC 508D.

First	Middle	Last	
Applicant One (Legal Name):			
Preferred/Chosen Name:			
Previous Name 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 (Legal Name):			
Preferred/Chosen Name:			
Previous Name 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

If more than one applicant, what is your relationship? Please check one.

☐ Married ☐ Domestic Partnership ☐ Related (Family Member) ☐ Cohabitants ☐ Other _____

II. APPLICANT(S)' RESIDENCE

Physical Address	City	State	Zip
Mailing Address (If Different)	City	State	Zip
Do you own, rent or lease?	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		
Bodies of water?	Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No		
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: _____		
Languages spoken in the home:			

III. RELATIONSHIP HISTORY

If currently married or in a domestic partnership with the other applicant:
Date: _____ Place (City and State): _____ <input type="checkbox"/> N/A

Applicant One:
If currently married or in a domestic partnership with someone who is not an applicant:
Date: _____ Place (City and State): _____ <input type="checkbox"/> N/A
<i>*Please include the individual in Section V. if the individual resides or is regularly present in the home.</i>
Have you had previous marital or domestic partnerships?
<input type="checkbox"/> Yes If yes, how many?: _____ <input type="checkbox"/> None

Applicant Two:
If currently married or in a domestic partnership with someone who is not an applicant:
Date: _____ Place (City and State): _____ <input type="checkbox"/> N/A
<i>*Please include the individual in Section V. if the individual resides or is regularly present in the home.</i>
Have you had previous marital or domestic partnerships?
<input type="checkbox"/> Yes If yes, how many?: _____ <input type="checkbox"/> None

IV. MINOR CHILDREN RESIDING IN THE HOME

(PLEASE IDENTIFY DEPENDENT CHILDREN PLACED IN YOUR HOME IN SECTION VI.)

Name of Minor Child	Relationship to Applicant(s)	Date of Birth	Gender	Do You Financially Support This Child?
				<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, INCLUDING ADULT CHILDREN OF APPLICANT(S), RESIDING OR REGULARLY PRESENT IN THE HOME (PLEASE IDENTIFY NMDs PLACED IN YOUR HOME IN SECTION VI.)

EACH ADULT RESIDING OR REGULARLY PRESENT IN THE HOME MUST COMPLETE AN OUT-OF-STATE DISCLOSURE AND CRIMINAL RECORD STATEMENT LIC 508D. (DOES NOT APPLY TO NONMINOR DEPENDENTS)

Full Name (First, Middle Initial & Last)	Date of Birth	Relationship To Applicant(s)	Residing	Regularly Present

VI. CHILD/NMD DESIRED

- Has a child or nonminor dependent been identified? Check one: ☐ Yes ☐ No
- Is the child or nonminor dependent currently in your home? Check one: ☐ Yes ☐ No

Name of Child or NMD (First & Last)	Date of Birth	Gender	Relationship to Applicant	Date of Placement or Planned Placement	County of Jurisdiction

VI. CHILD/NMD DESIRED (Continued)

PLEASE INDICATE YOUR PREFERENCES:

Ages(s)				
<input type="checkbox"/> 0 to 2 yrs	<input type="checkbox"/> 3 to 7 yrs	<input type="checkbox"/> 8 to 12 yrs	<input type="checkbox"/> 13 to 15 yrs	<input type="checkbox"/> 16 to 17 yrs
<input type="checkbox"/> 18 to 20 yrs	<input type="checkbox"/> No preference			
Sibling Group				
<input type="checkbox"/> None	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 or more

VII. FOSTER CARE/ADOPTION/LICENSURE HISTORY**Applicant One:**

- Have you previously been or are you currently approved for adoption, an approved relative or nonrelative extended family member, or previously or currently licensed, certified, or approved to provide foster care?
 Check one: ☐ Yes ☐ No
 If yes, name of agency(s): _____
 Type of license/certification/approval: _____
 If yes, are you aware of any pending complaints or administrative actions? ☐ Yes ☐ No
- Have you previously been or are you currently licensed to operate a child care center, family child care home, or residential care facility for the elderly or chronically ill?
 Check one: ☐ Yes ☐ No
 If yes, type of license: _____
- Have you previously been or are you currently employed by or volunteering at a community care facility, child care center, family child care home, or residential care facility for the elderly or chronically ill?
 Check one: ☐ Yes ☐ No
 If yes, name the facility(s): _____
- Have you had a previous license, certification, relative or nonrelative extended family member approval, Resource Family approval, or portability 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

VII. FOSTER CARE/ADOPTION/LICENSURE HISTORY (Continued)**Applicant Two:**

- Have you previously been or are you currently approved for adoption, an approved relative or nonrelative extended family member, or previously or currently licensed, certified, or approved to provide foster care?
Check one: ☐ Yes ☐ No
If yes, name of agency(s): _____
Type of license/certification/approval: _____
If yes, are you aware of any pending complaints or administrative actions? ☐ Yes ☐ No
- Have you previously been or are you currently licensed to operate a child care center, family child care home, or residential care facility for the elderly or chronically ill?
Check one: ☐ Yes ☐ No
If yes, type of license: _____
- Have you previously been or are you currently employed by or volunteering at a community care facility, child care center, family child care home, or residential care facility for the elderly or chronically ill?
Check one: ☐ Yes ☐ No
If yes, name the facility(s): _____
- Have you had a previous license, certification, relative or nonrelative extended family member approval, Resource Family approval, or portability 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

VIII. REFERENCES

Please list the name, telephone number(s), and address of two 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 or Email Address