

Resource Family Approval Guide

This packet contains excerpts only, Full Tool Kit at:

<https://kids-alliance.org/programs/system-wide-reform/resource-family-approval-toolkit/>

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Resource Family Approval Checklist

This checklist will guide you through the RFA process. You must complete ALL of the following requirements. These steps do not have to occur in this order.

Date Completed:

Task:

_____ Form RFA-01A: Resource Family Application (A1) must be completed and submitted within five business days after a child or NMD is placed under emergency placement. Note: there is no application processing fee.

_____ Form RFA-01B: Resource Family Criminal Records Statement (A5) must be completed and submitted within five business days after a child or NMD is placed under emergency placement.

_____ Form RFA-01C: Resource Family Application - Confidential (A24) is required only if the RFA applicant has requested approval only for a specific child or non-minor dependent.

_____ Form RFA-02: Resource Family Background Checklist and Out-of-State Child Abuse Registry Checklist (A25), background check must be completed for a RFA applicant and all adults residing or regularly present in the home of the RFA applicant.

_____ Form LIC-198B: Out-of-State Child Abuse Neglect Report Request (A27) is required only for RFA applicants, or other adults residing or regularly present in the home of an RFA applicant, who have lived out of state in the last five years.

_____ Form RFA-03: Resource Family Home Health and Safety Assessment Checklist (A20), is a required health and safety assessment of the RFA applicant's home and grounds, outdoor activity space, and storage areas.

_____ Form RFA-04: Resource Family Risk Assessment (A29) The caseworker or probation officer shall complete a caregiver risk assessment prior to approval, which includes assessing physical health, mental health, substance use/abuse, and family/domestic violence history.

_____ Form RFA-07: Health Questionnaire (A31) is required to show verification of good physical health and mental health, or a health screening by a licensed health professional within one year of the RFA application date.

Date Completed:

Task:

Proof of identity (e.g. driver's license, California State ID, etc.)

Note: other identification can be provided if the applicant does not have either of these forms of ID. Immigration status is not a reason for the county to deny placement of a child with a relative.

Consent for the child welfare agency to obtain DMV reports for all adults residing or regularly present in the home that may frequently transport children in the home.

Verification of the RFA applicant's current income and disclosure of expenses.

Resource Family orientation (in some counties, this is part of the required pre-approval training).

A minimum of 12 hours of pre-approval caregiver training. Note: Some counties have additional requirements. For example, Los Angeles County requires that caregivers attend an orientation sponsored by DCFS before the 12 hours of pre-approval training. Some counties also require more than 12 hours of pre-approval caregiver training.

Verification of employment (if employed).

Documents verifying ownership or rental of the home.

History of the applicant's status as an approved relative, NREFM, certified family home, or an employee, volunteer, or licensee of a community care facility.

Names and contact information for two people who can attest to the applicant's character and ability to provide care and safety.

A family evaluation, which includes at least two face-to-face interviews of the applicant and one interview of everyone else in the home.

Note: Some counties may have additional requirements beyond those included in the above checklist. For example, some counties require proof of vaccinations for any pets in the home. Consult the caseworker or probation officer to find out about any county-specific requirements in your area.

Getting Through the Checklist

While you are going through the RFA process and checking off each of the requirements on the list, you will have many visits from the individuals associated with the child welfare agency or probation department. The caseworker or probation officer is required to document each visit to your home and to complete a form summarizing the visit. You are entitled to a copy of the completed form. See A33 in this toolkit for an example.

The RFA checklist can be overwhelming when you are getting started. Remember that the process is designed to make sure that the child is entering a stable home and to prepare you for the important work of meeting the child's needs. Help is always available to support you through the RFA process. See A35 and A36 for a list of organizations that assist resource families.

Respond as soon as possible to all requests for information during the approval process. Ask the caseworker or probation officer to provide regular information.

- Check in with the caseworker or probation officer often to see where the agency is in the approval process, and ask whether additional information is needed to move the approval forward.
- Document everything, including conversations with anyone involved in the child's case.
- Keep notes about every attempt you make to contact the caseworker or probation officer. If necessary, contact the caseworker or probation officer's supervisor for help resolving outstanding issues. You may also ask a foster family agency or an advocacy organization (see A35 and A36 for a list of such organizations) for assistance in escalating an issue.
- Ask friends and family for support during the approval process.



Resource Family Application

You must complete the State of California Resource Family Application form, also known as the RFA-01A form (see A1) to begin the approval process. If a child is already placed in your home on an emergency basis, you must complete and submit form RFA-01A: Resource Family Application and form RFA-01B: Resource Family Criminal Record Statement **within five business days** of the child being placed with you.

Complete every field that is part of the form. Missing or incomplete information may delay the approval process.

Questions regarding sensitive information, like a history of past arrests, substance abuse treatment, or mental health treatment, are included in order to provide a complete picture of your strengths and needs. Answer such requests with full honesty. Withholding information is likely to delay or derail the RFA process. Discuss any issues, questions or concerns with the caseworker or probation officer.

If you do not have exact information (e.g., an exact date, a former salary, etc.), you should give the most accurate answer possible and make a note showing that the information is not exact. (Example: "I was hired sometime in January 2015.")

Do not leave a particular field blank if it does not apply to you/your home. Instead, enter "N/A" (not applicable). Leaving a field blank may cause your application to appear incomplete and delay the RFA process.

Only indicate that someone is related if they are legally related to you. For example, many family friends are referred to as "cousin" or "aunt" or "uncle"; however, they are not legally related and should not be listed as "cousin" or "aunt" or "uncle" on the form. Instead, the relationship should be listed as "none." It is especially important to list the exact nature of the legal relationship to any children residing in the home.

If you plan to care for a child in foster care along with a spouse, partner or other relative, both you and the other prospective resource parent should sign and date the form.

The county will not begin the RFA process until you have fully completed the RFA-01A form.

If a child has been placed with you as an emergency caregiver, foster care funding begins only after RFA-01A form is submitted. Please refer to the section "Funding" for more information.

You may withdraw your application prior to approval or denial, either verbally or in writing. A child welfare agency or probation department cannot withdraw your application unless you ask them to. However, they can deny or rescind your RFA application.

If your RFA application is denied or rescinded, you are entitled to what is called due process and you may appeal that decision.

What to Ask the Caseworker or Probation Officer

During the RFA process, you should check on the status of your RFA application frequently with the caseworker or probation officer assigned to the case. Ask them:

- Did you get all the information needed on the RFA application form?
- When will my home assessment be scheduled?
- Is there anything that I need to do in my home to prepare for the home assessment?
- What documents can I prepare and/or gather for our next meeting?
- Did you have any trouble contacting my references?
- When will the orientation be scheduled?
- Where can I sign up for the pre-approval training?
- Can I complete some of the training hours through online courses or at my home?
- Have the Livescan (fingerprints) for all adults in my home been processed?
- Is there anyone who needs to Livescan who hasn't yet done so?
- Have the background checks for all adults in my home been cleared? If not, can we complete the exemption paperwork for anything that appeared in the background check?
- When can I expect to receive funding once a child in foster care is living with me?
- Is there anything else that you need from me to process my application?

Personal References

The RFA application requires two references. In some instances, the caseworker or probation officer might request additional references.

- References should be adults, i.e., at least 18 years old.
- Both references must be unrelated to you.
- Tell the people you are using as references that they will be contacted so that they are prepared.
- Select references who know you and your family well.
- Avoid selecting anyone with a criminal history or a history of child abuse and/or neglect, including anyone who has had children removed from their care in the past.
- You may ask the caseworker or probation officer for an exception if you don't have two suitable references.
- Your references should share specific examples of your ability to safely and effectively care for children and provide them with love.
- Your references should be prepared to talk about how you handle responsibility generally: for example, how you perform at work, or how you have helped take care of friends or other family.

- References should be able to talk about how you handle stressful situations.
- References should be able to comment on your involvement in the community such as your volunteer activities, membership in a religious community, or any coaching or mentoring you have done. They should talk about any traits that make you a great caregiver, such as a strong work ethic, patience, and generosity.

See A37 for a helpful guide to character references.

References for Criminal Exemption Requests

If you or another adult in the house have a criminal conviction in your past, you may still be able to gain approval by requesting what is called an exemption. To get an exemption, you must provide three character references. (The two references required for your RFA application may also be used for a criminal record exemption character reference.) At least one of those references must be able to support your exemption request. That means they must be people who know about any convictions in your past and can talk about how your behavior has changed since the conviction. They should talk about the positive steps you have taken since the time of the conviction, such as education, steady employment, counseling, drug treatment, alcohol treatment, or community involvement. See A37 for a helpful guide to character references.

Background Check

An important part of the RFA process is a background check to identify whether you or anyone else in the home has any criminal convictions, arrests or incidents of child abuse or neglect.

You and anyone else over 18 living in the home or regularly present in the home must complete a Livescan (electronic fingerprinting). The caseworker or probation officer can tell you where to go for your Livescan. Anyone in your home over the age of 14 who has been convicted of a serious crime may have to complete a Livescan.

Your RFA application must be received prior to the Livescan background check. You will have to sign a form to allow the child welfare agency to check the CLETS database for criminal records and to check the Child Abuse Central Index (CACI) for any child abuse or neglect incidents. The background check includes criminal records and child abuse records in any other state where you or anyone else in your

home has lived. You will be asked to fill out a Criminal Record Statement form (RFA 01B, A5). It is very important to be truthful and include any criminal history when filling out this form.

If you or anyone else in the home has arrests that did not lead to a conviction, the caseworker or probation officer will investigate the facts and determine whether the arrest raises concerns about the potential safety of a child. If you or anyone in the home is listed on the CACI due to a child abuse or neglect incident, the caseworker or probation officer's agency will investigate the facts and determine if the incident raises any child safety issues. An arrest record cannot be used to deny or rescind resource family approval unless the child welfare agency or probation department investigates the incident and finds evidence of conduct that may pose a risk to health and safety. A person with a history that includes a crime that poses a threat to the health, safety and well-being of a child will not be approved as a resource family and may not reside or be regularly present in a resource family home unless granted a criminal record exemption. Please refer to the section "Criminal Record Exemption" for more information.

You and anyone who is Livescanned or fingerprinted as part of the RFA process have a right to review your criminal history summary (also known as a "rap sheet"). Let the caseworker or probation officer know if you would like to review the criminal history summary. To correct any inaccuracies in the criminal history summary:

- Request the criminal history summary report from the Department of Justice (DOJ) by filling out form BCIA 8016RR (A38). Check "record review" as the "type of application".
- Bring the completed form to a Livescan office; you may request a fee waiver using form BCIA 8690 (A40) if the fee is a hardship.
- The summary report includes any cases matched to your fingerprints (which are difficult to challenge) and cases matched to your name, which can sometimes result in mistakes.
- Fill out form BCIA 8706 (A42) to challenge any mistakes on the criminal history summary report.
- The DOJ will investigate and correct mistakes following receipt of the form.

Criminal Record Exemption

Even if you or someone else in your home has a criminal conviction, you can still be approved as a resource family. You will need to request a criminal record exemption.

Exemptions are not possible for some types of convictions. Your RFA application will be denied if you or someone in your home has such a conviction. A list of non-exemptible crimes is included in the appendix of this toolkit.

All other convictions:

Most other convictions can be exempted. There are two types of exemptions available for other types of convictions: 1) simplified and 2) standard. The simplified exemption process can be used for less serious crimes (misdemeanors) and felonies that are not violent, not sex crimes, and do not involve harm to a child. The simplified exemption allows for the conviction to be exempted based solely on the review of the criminal record information collected, such as the applicant's rap sheet. See A43 for a list of exemptable crimes and criteria for a simplified exemption.

The standard exemption process is more involved and requires additional documentation and evidence of rehabilitation, including character references, a letter explaining prior conviction(s), and court documentation of past convictions.

Note: The child welfare agency in charge of your RFA application decides whether to apply the simplified or the standard exemption process. They may require the standard exemption process if they believe doing so is necessary to protect the health and safety of a child, even if the conviction qualifies for the simplified process. If you request an exemption, be sure that you understand which process the agency wants you to follow. **If you request and are denied a criminal record exemption you can file for an appeal.** See A46 for the form required to do so.

Home Environment Assessment

As part of the RFA process, you must complete a home environment assessment to the satisfaction of the child welfare agency handling your application. The assessment is a review of your home, including all the indoor and outdoor spaces. The goal of the assessment is to ensure that your home is safe for a child. Some counties and foster family agencies may have additional requirements, so be sure to ask the caseworker or probation officer what the requirements are in your situation. See A20 for the Home Health and Safety Assessment Checklist. It will help you prepare for the home assessment.

Documented Alternative Plan (DAP)

A Documented Alternative Plan (DAP) is a written plan approved by the child welfare agency or foster family agency that allows you to meet the home safety standards in a different way. See A50 for an example.

For example, if your home has smaller rooms or fewer bedrooms than required, there may be a way to meet the RFA requirements through a documented alternative plan. The caseworker or probation officer must approve the alternative plan to make sure that it will not be detrimental to the health and safety of any child in the home. An alternative plan is approved on a case-by-case basis considering the needs of a specific child. For example, if you will be caring for a teenager who can swim, you may not need a fence around your pool.

Corrective Action Plan (CAP)

If the caseworker or probation officer determines through the home assessment that there is a problem with your home, they may ask you to work on what is called a Corrective Action Plan (CAP). A CAP is a plan that you develop with the child welfare agency, foster family agency, or probation department in order to fix a problem in your home. The caseworker or probation officer must give you a written list of things that need to be fixed. The caseworker or probation officer should help you with the process. See A52 for an example of a CAP.

The CAP will specify how long you have to fix the problems with your home. Some problems can be fixed after the child is placed with you if they do not put the child's health or safety at risk. Other problems must be fixed before the child is placed in your home, if they put the child's health and safety at risk. For example, these things must be fixed before a child may be placed with you:

- obstructed passageways inside or outside of the home
- unsafe fireplaces, open face heaters, or woodstoves
- insufficient lighting to ensure comfort and safety
- no fence, cover, or other obstruction to prevent access to pools
- poisons, firearms, medicines, and other dangerous medicines are not stored in a locked area
- no cellular, internet, or landline telephone services readily available at all times

Family Evaluation

During the RFA process, you will be asked to meet face-to-face at least twice with a caseworker or probation officer to discuss your interest, willingness and ability to care for a child in foster care. This is called a family evaluation. Do not be intimidated by the interviews: the family evaluation is intended to be a series of conversations. Your RFA application will be denied if you refuse to participate in the interviews.

The person interviewing you knows that there is no “perfect” caregiver, just as there is no perfect person. Most people have had some obstacles to overcome. They want to hear about how you and your family deal with setbacks, what lessons you have learned and how you are currently living your life. The interviews will identify your strengths and areas where you might benefit from supports and resources.

How does the family evaluation help me care for a child in foster care?

Children in foster care have experienced trauma, abuse, and/or neglect. Because of these experiences, they may develop coping skills or behaviors that can be unusual and challenging to manage. Lying, stealing, hitting, hoarding food and disconnecting emotionally are examples of survival skills for children in distress.

When a child lives in constant fear or chaos, the body feels threatened and the brain is in a state of high alert. Remaining in high alert over time impacts how the brain functions and develops. Some of the child’s behavior may seem immature or unreasonable. This will change once the child feels safe and begins to heal.

The family evaluation helps you and the child welfare agency understand how you respond to stressful and challenging behaviors and situations. It also helps you and the child welfare agency understand what support you might need to help the child recover.

What to expect during the family evaluation

During the RFA process, you will receive a letter, email or call from a caseworker or probation officer requesting to meet with you and anyone else living in your home.

The interviews should take place as soon as possible. Inform the caseworker or probation officer if your schedule does not allow you to meet during certain days or times. Interviews should be scheduled at a time and place that is convenient for you. You will be expected to participate in at least two interviews, and one of those interviews must be in your home. In addition, anyone else living in your home, including children, will also be required to participate in an individual interview. Interviews usually take 1-2 hours.

If you are applying with another person, such as your spouse or domestic partner, each of you will be interviewed separately, and you will also be interviewed together. In some cases, an interview may happen via web communication. Additional interviews may be deemed necessary by the caseworker or probation officer. After the interviews are completed, the caseworker or probation officer will write a family evaluation report. You can ask to review the report.

Preparing for the Interviews

It may be difficult to discuss sensitive issues such as criminal history, past abuse or traumatic events. Be honest and straightforward. False or misleading statements can lead to your RFA application being denied.

Let others who live in your home know that they will be asked questions, so that they are prepared.

During the family evaluation you may be asked about your background, parenting skills, strengths and weaknesses. You may also be asked about the results of the background checks.

If the caseworker or probation officer has concerns regarding your application, they should let you know that during the evaluation so you can discuss these concerns.

Common topics of discussion include:

- your motivation to become a resource family
- your relationship to the child
- your own childhood upbringing and experiences
- your experiences and characteristics
- past and current alcohol and other substance use
- any history of physical or emotional abuse, neglect, sexual abuse or domestic violence
- your past and present physical and mental health
- current and past marriages, partnerships and other significant relationships*
- family traditions, beliefs and activities
- how children are disciplined in your home
- your support system (neighbors, friends, religious communities, etc.)
- the results of your background check including any previous arrests, convictions or child abuse referrals
- your current employment and your work schedule, if applicable
- your ability to take time off
- your financial ability to provide stability for the family **
- the legal and financial responsibilities of caring for a child

- your understanding of the needs of a child who has been a victim of abuse and neglect; effective parenting skills; and cooperation with the placing agency, providers and other important members of the child's life
- your ability to meet the needs of the child, support permanency plans for the child (including reunification, guardianship, etc.) and make use of services to support the child

*You do not need to meet a certain model. Resource families may include single men or women, gay and lesbian couples, immigrants, non-English speakers, and older people. The caseworker or probation officer is interested in your connection to the child and your ability to care for them.

**This discussion will take into account the foster care benefits that your family will receive. Resource family approval is not based on income.

Pre-Approval Training

In order to be approved as a resource family, you must complete a minimum number of hours of pre-approval training. Be sure to ask the caseworker to explain pre-approval training requirements in your county, and where and when training is offered. The state of California requires a minimum of 12 hours of training prior to approval, but some counties require more than the state minimum. The exact number of hours is set by your county.

The training includes a resource family orientation. The orientation explains the RFA process and requirements.

Failure to complete pre-approval training may cause your application to be denied. Be sure to document all trainings that you attend and obtain certificates of completion from the instructor.

The purpose of pre-approval training is to help you understand the child welfare system and prepare to care for a child who has experienced trauma.

The following topics will be covered during training:

- an overview of the child welfare and probation systems
- the effects of trauma, including grief, loss, child abuse and neglect, on child development and behavior and methods for parenting children through recovery from trauma
- the role of the resource family, including working cooperatively with the child's other relatives, service providers and agencies to develop and implement a case plan, and working with the Child and Family Team
- positive discipline and the importance of self-esteem
- common health issues among children in foster care
- accessing services and supports to address education needs, physical, mental, and behavioral health and substance use disorders, including culturally relevant services

- personal rights of children in foster care and the caregiver's responsibility to safeguard those rights
- options for permanency (reunification, adoption, guardianship, etc.)
- birth parent relationships and safety issues regarding contact
- knowledge and skills relating to the reasonable and prudent parent standards
- cultural needs of children, cultural competency and sensitivity, and best practices in caring for children across diverse ethnic and racial backgrounds, and caring for young people identifying as lesbian, gay, bisexual, or transgender
- basic instruction on existing laws and procedures regarding the safety of foster youth at school
- child and adolescent development, including sexual orientation, gender identity, and expression
- overview of specialized training, such as training to help meet the needs of commercially sexually exploited children
- the role of the resource family
- sexual and reproductive healthcare, healthy sexual development, and confidentiality of health information



You may be required to complete additional training specific to the needs of the child coming into your home.

If the child is eligible to receive what is called Intensive Services Foster Care (ISFC), you will have additional training requirements. Please see the following section for more information. In addition, many counties require a resource family to complete additional training to receive a specialized care increment. Please see the section "Funding and Level of Care" for more information.

FOR COUNTY USE ONLY

COUNTY: _____

RESOURCE FAMILY APPLICATION

Instructions: This is the application form for Resource Family Approval by a County. Please type or print clearly.

☐ INITIAL APPLICATION ☐ OTHER (SPECIFY) : _____
I. APPLICANT(S): EACH APPLICANT MUST COMPLETE A CRIMINAL RECORD STATEMENT RFA 01B.

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 a Criminal Record Statement RFA 01B.

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	LIVES IN HOME?

**VII. CHILD DESIRED**

- Has a child been identified? Check one: ☐ Yes ☐ No If yes, complete RFA 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 County 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.
- I/We understand that I/we have the right to appeal any decision regarding the disposition of this application.

APPLICANT(S) SIGNATURE	CITY AND COUNTY WHERE SIGNED	DATE

FOR COUNTY USE ONLY

COUNTY: _____

**RESOURCE FAMILY CRIMINAL RECORD STATEMENT****CONFIDENTIAL DOCUMENT — FOR COUNTY USE ONLY**

Instructions: Each Resource Family applicant and adult residing in or regularly present in the home must complete this Criminal Record Statement.

I. OUT-OF-STATE DISCLOSURE (This section applies only to applicants and adults residing in the home.)

- Have you lived in a state other than California within the last five years? ☐ YES ☐ NO

If YES, identify each state and complete a **LIC 198B** for each state listed: _____

II. CRIMINAL RECORD STATEMENT

- Have you ever been convicted of a crime in California? You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified in Health and Safety Code sections 11361.5 and 11361.7. ☐ YES ☐ NO
- Have you ever been convicted of a crime in another state, federal court, military, or a jurisdiction outside of the U.S.? Criminal convictions from another state or federal court are considered the same as criminal convictions in California. ☐ YES ☐ NO
- Have you ever been arrested for a crime against a child or for spousal/cohabitant abuse? ☐ YES ☐ NO

If YES, give details on a separate page indicating the nature and circumstances of each crime, date, and location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

- It happened a long time ago;
- It was only a misdemeanor;
- You didn't have to go to court (your attorney went for you);
- You had no jail time or the sentence was only a fine or probation;
- You received a certificate of rehabilitation; or
- The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) MAY RESULT IN AN EXEMPTION DENIAL, APPLICATION DENIAL, RESCISSION OF APPROVAL, OR EXCLUSION FROM A RESOURCE FAMILY HOME.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

NAME OF RESOURCE FAMILY: _____

YOUR FULL NAME (PRINT CLEARLY): _____

RESIDENCE ADDRESS (STREET, CITY, ZIP): _____

SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT): _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER/STATE: _____

SIGNATURE: _____

DATE: _____

DISCLOSURE OF CRIMINAL BACKGROUND

If you have been convicted of a crime in California, another state, or in federal court, provide the following information:

What was the offense?

In which state and city did you commit the offense?

When did this happen?

Explain what happened. (Use additional paper if needed)

Perjury Statement - I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

SIGNATURE	DATE

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be approved, as a Resource Family, or to reside or be present in the home of a Resource Family, the law requires that you complete a criminal background check. (Welfare and Institutions Code section 309, 361.4, and 16519.5). The licensing or approval agency will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the licensing or approval agency (Civil Code section 1798 et seq.). Under the California Public Records Act, the licensing or approval agency may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

COUNTY OR AGENCY: _____

RESOURCE FAMILY HOME HEALTH AND SAFETY ASSESSMENT CHECKLIST
Document for Agency Use Only

Resource Family/Applicant Name: _____ Family ID Number: _____

Date: _____ Effective Date: _____ - _____ (not to exceed one year).

Address: _____

A Resource Family or applicant must meet the required home health and safety assessment standards.

(Welfare and Institutions Code section 16519.5(c)(1).)

☐ Application
 ☐ Annual Update
 ☐ Address Change
 ☐ Other: _____
HOME HEALTH AND SAFETY REQUIREMENTS

Instructions: In order to successfully complete the home health and safety assessment, all of the requirements below must be answered "MET," unless not applicable (N/A), a documented alternative plan (DAP) is granted, or a child/NMD is not placed with the Resource Family or applicant. If the family has been approved for a DAP as indicated on this form, please attach a copy of the approved DAP to this form and provide a copy of it to the family.

HOME AND GROUNDS	MET	NOT MET	DAP	N/A
Is the home of the Resource Family/applicant(s) clean, safe, sanitary and in good repair?				
Are smoke detector(s) and carbon monoxide detectors or sprinklers approved, commercially manufactured, functioning and installed in hallway(s) in each sleeping area?				
Are outdoor and indoor passageways, stairways, inclines, ramps, and open porches free of obstruction?				
Is the bathroom located indoors, have individual privacy and an operational toilet, sink, tub/shower?				
Do the faucets for personal care have hot water that is at a safe temperature?				
Are fireplaces, open-faced heaters or woodstoves safely maintained and operated?				
Is the temperature of the home safe and comfortable?				
Is lighting in each room and other areas of the home adequate to ensure comfort and safety?				
Do windows with security bars have safety release devices that meet all state and local requirements?				
Is the Resource Family/applicant approved to use delayed egress devices pursuant to Welfare and Institutions Code 16519.52?				
Are there first aid supplies appropriate to meet the needs of a child/NMD?				
BEDROOMS	MET	NOT MET	DAP	NO PLACE MENT(S)
There are <u>no</u> more than 4 children or 4 NMDs of the same gender or gender identity sharing a bedroom. Exceptions: Up to 4 children under 8 years old may share a room, regardless of their birth sex. A DAP is needed for more than 4 children or 4 NMDs to a room.				
There are no more than one child and one NMD of the same gender or gender identity sharing a bedroom as permitted in RFA Written Directives section 11-01. Exceptions: A minor parent and his/her child may share a room, regardless of their birth sex.				
There are <u>no</u> more than 2 infants sharing a bedroom with the Resource Family/applicant (Only infants may share a bedroom with a Resource Family).				
BEDROOMS (continued)	MET	NOT MET	DAP	N/A
Are there any bedrooms commonly used for any other purpose, such as a passageway? Exceptions: A DAP is needed for an adult living in the home who sleeps in a common area.				
Does each bedroom have a safe, direct emergency exit to outside?				
Does each child and/or NMD have an individual bed?				
Does each child's and/or NMD's bed have clean linens and is it in good repair?				
Are bunk beds not more than 2 tiers high, have railings on upper tier, and not used for children under 6 years old?				
Does each bedroom have sufficient closet and drawer storage?				
Are all infants supplied with an age and size appropriate, safe and sturdy bassinet or crib, with a clean comfortable mattress and clean linen? (The crib or bassinet may not have a drop-side, not be tiered or stacked, and not have slats that could pose a risk of trapping an infant.)				

COUNTY OR AGENCY: _____

RESOURCE FAMILY HOME HEALTH AND SAFETY ASSESSMENT CHECKLIST
Document for Agency Use Only

Resource Family/Applicant Name: _____ Family ID Number: _____

OUTDOOR ACTIVITY SPACE	MET	NOT MET	DAP	N/A
Are yards and outdoor activity spaces free from hazards that endanger the health and safety of a child or NMD?				
Are all swimming pools, spas, and other bodies of water inaccessible to: Dependent children under 10 years of age; minor and NMDs who are developmentally, mentally or physically disabled; a minor or NMD parent's child who is under ten years of age or developmentally, mentally, or physically disabled?				
Safety Features in Use: <input type="checkbox"/> Enclosure <input type="checkbox"/> Pool Cover <input type="checkbox"/> Alarms				
STORAGE AREA	MET	NOT MET	DAP	N/A
Are all household knives, medicines, disinfectants, and cleaning solutions appropriately stored? Exceptions: The caregiver may allow a child to have access to the above, and household knives and appliances while following the reasonable and prudent standard.				
Are all firearms, poisons and dangerous items or weapons stored in a locked area? Exceptions: Firearms that have the firing pin removed or a trigger lock.				
Are ammunition and firing pins stored in a separate locked area?				
Is waste located, stored, and disposed of in a manner that will not permit the transmission of diseases or odors, create a nuisance, or provide a breeding place or food source for insects and rodents?				
EMERGENCY PROCEDURES	MET	NOT MET	DAP	N/A
Are emergency numbers placed in a prominent location?				
TELEPHONES	MET	NOT MET	DAP	N/A
Is cellular, internet, or landline telephone service accessible at all times?				
SMOKING	MET	NOT MET	DAP	N/A
Does the Resource Family/applicant refrain from smoking and prohibit anyone else to smoke in the home or vehicle used to transport a child/NMD or, when a child/NMD is present, on the outdoor grounds of the home?				
REPORTING REQUIREMENTS	MET	NOT MET	NO PLACEMENT(S)	
Have any and all reportable incidents been properly reported to the approval and placement agencies?				
RECORDS FOR CHILDREN AND NONMINOR DEPENDENTS	MET	NOT MET	NO PLACEMENT(S)	
Are all the records of the child or NMD maintained and appropriately stored in a confidential manner?				
PERSONAL RIGHTS	MET	NOT MET	NO PLACEMENT(S)	
Is each child and NMD accorded the personal rights as specified in Welfare and Institutions Code section 16001.9 and RFA Written Directives section 11-08?				

COUNTY OR AGENCY: _____

RESOURCE FAMILY HOME HEALTH AND SAFETY ASSESSMENT CHECKLIST
Document for Agency Use Only

Resource Family/Applicant Name: _____ Family ID Number: _____

TRANSPORTATION	MET	NOT MET	NO PLACEMENT (S)	N/A
Is transportation provided to children/NMDs for health-related services, school, extracurricular, enrichment, cultural, and social activities?				
Are the vehicles that are used (or that will be used) to transport children/NMDs in safe operating condition?				
Are Resource Families transporting children in appropriate child passenger restraint systems?				
FOOD AND NUTRITION	MET	NOT MET	NO PLACEMENT (S)	
Are special dietary needs met and nutritious meals and snacks provided to children/NMDs?				
REASONABLE AND PRUDENT PARENT STANDARD	MET	NOT MET	NO PLACEMENT (S)	
Is the Reasonable and Prudent Parent Standard applied as required for decisions related to children?				
RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION	MET	NOT MET	NO PLACEMENT (S)	
Are the care and supervision meeting the specified needs of the child or NMD?				
ACTIVITIES	MET	NOT MET	NO PLACEMENT (S)	
Is the child/NMD permitted and encouraged to participate in extracurricular, enrichment, cultural, and social activities?				
COOPERATION AND COMPLIANCE				
Have any false or misleading statements regarding Resource Family Approval or the operation of the home been made or disseminated by the applicant or Resource Family? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>A Resource Family shall use the Reasonable and Prudent Parent Standard as defined in Welf. & Inst Code section 362.04 and 362.05 and RFA Written Directives section 11-12.</i>				
RESOURCE FAMILY APPROVAL WRITTEN DIRECTIVES STANDARDS				
<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> DAP'S <u>Instructions:</u> If any of the boxes were checked as "Not Met" please describe what must occur for the item to be checked off as "Met" and include any supportive services a County may provide to assist the family in meeting the requirement. Additionally, please include a description of any matters a placing worker may want to consider prior to making a placement, depending on the needs of the child. This may include but not limited to: Are electrical outlets covered? Are safety gates placed on the top and bottom of interior stairways? Are there any animals in the home that may pose a health or safety risk?				
Notes/Comments:				

COUNTY OR AGENCY: _____

RESOURCE FAMILY HOME HEALTH AND SAFETY ASSESSMENT CHECKLIST
Document for Agency Use Only

Resource Family/Applicant Name: _____ Family ID Number: _____

Notes/Comments Continued:

I certify the home of _____ as of _____ DATE

☒ meets ☐ does not meet the home environment assessment standards required for Resource Family Approval, excluding the background check.

AUTHORIZED COUNTY REPRESENTATIVE _____

DATE _____

By signing below I/we acknowledge that I/we have received a copy of this report.

RESOURCE FAMILY/APPLICANT 1_____
DATE_____
RESOURCE FAMILY/APPLICANT 2_____
DATE

FOR COUNTY USE ONLY

COUNTY: _____

RESOURCE FAMILY APPLICATION-CONFIDENTIAL**VII. CHILD DESIRED (to be completed only if a child has been identified prior to approval)**

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

NAME OF CHILD	DATE OF BIRTH OF CHILD	GENDER	COUNTY OF JURISDICTION	DATE OF PLACEMENT	RELATIONSHIP TO APPLICANT(S)	EDUCATION (GRADE, NAME & ADDRESS OF SCHOOL)

**RESOURCE FAMILY APPROVAL (RFA)
HEALTH QUESTIONNAIRE****FOR COUNTY/AGENCY:** _____

Applicant Name: <i>(first, middle, last)</i>	Date of Birth:
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Please provide a listing of your current licensed health professionals *(Name, Address, and Telephone Number)*

Physician: _____

Specialist: _____

Other: _____

Release of Information: I hereby authorize _____ to release the medical information
(Doctor's name)
contained on this form, to the _____ for the purposes of determining my physical
(County/Agency)
health if requested by the County or Agency.

Patient Signature:	Date:
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I. Medical History:**What is the date of your last physical exam?** _____**Current and/or past diagnosis-** Within the last five (5) years, have you been diagnosed with any of the following conditions? Please check all that apply and provide comments if applicable.

<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Impaired Sight	<input type="checkbox"/> Orthopedic Problems (Specify)
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heredity Conditions (Specify)	<input type="checkbox"/> Chronic Medical Conditions
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Mental Illness (Specify)
<input type="checkbox"/> Impaired Hearing	<input type="checkbox"/> Allergies	<input type="checkbox"/> Respiratory Condition
<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Stroke
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Chronic Pain
<input type="checkbox"/> Autoimmune Disease (Specify)	<input type="checkbox"/> Other Condition or Injury:	

Comments: _____**Are you currently under a physician's care for any of the diagnoses or injuries listed above?**

Please list any surgeries or hospital stays you have had and their approximate date/year:

Type of surgery/reason for hospitalization	Year

Tobacco Usage

Do you smoke cigarettes? _____ If so, how many packs per day? _____

Alcohol Consumption

How many alcoholic beverages do you consume daily? _____

Limits or restrictions on physical activity: _____

II. Medications *(Please list all medications you are currently taking including over the counter medications and medical marijuana. Additional medications can be listed in an attachment.)*

Name of Medication	Dosage and Frequency	Condition prescribed for

III . Additional Comments:

IV. Certification

I declare that the above information is true and correct to the best of my knowledge:

Applicant Signature:	Date:
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Reminder to Applicant: Please return the completed RFA Health Questionnaire to your assigned RFA worker.

Legal and Relative Support Service Organizations that Assist Resource Families

Statewide:

Advokids

(877) 238-4543 Hotline

Advokids.org

Protecting the right of every foster child in California

Bay Area Legal Aid, Youth Justice Unit (Bay Area)

(510) 663-4755

(800) 551-5554 Legal Advice Line

Baylegal.org

Health Care assess, Domestic violence prevention, Consumer protection, Economic justice, Housing preservation, Medical legal partnership, Youth Justice, Veterans Project

California Department of Social Services – Foster Care Ombudsman's Office

(877) 846-1602

fosteryouthhelp@dss.ca.gov

fosteryouthhelp.ca.gov

California Tribal Families Coalition

(916) 583-8289

Caltribalfamilies.org

Protect the health, safety and welfare of tribal children and families

Children's Law Center of California

(916) 520-2000 Sacramento

Cclcal.org

To find child's dependency court attorney

Health Consumer Alliance

(800) 896-3203

Healthconsumer.org

Health insurance eligibility and denials

Immigration Center for Women & Children

(213) 614-1165 Los Angeles

(619) 515-2200 San Diego

(415) 861-1449 San Francisco

(510) 251-0150 Oakland

icwclaw.org

Immigrations matters

Lilliput Families

(800) 325-5359

(916) 923-5444

Lilliput.org

Foster Adoption Services, Kinship Services, Post Adoption Services, Training and Workshops, Resources

OC Kinship and Support

(714) 240-8715

Ockinship.org

Formal and Informal Relative/Kinship Caregivers in Orange County

Office of Clients Rights Advocacy (OCRA)

1 (800) 390-7032 Northern California

1 (866) 833-6712 Southern California

Regional Center advocacy for clients over 3 years old

ONEgeneration

(818) 705-2345

<http://www.onegeneration.org/>

Provides support, services and advocacy to meet the needs of grandparents and other relatives raising children at risk

Tippling Point Community (San Francisco)

(415) 348 1240

Tipplingpoint.org

Legal support on employment, real estate, organizational issues

LA County:

Alliance for Children's Rights

(213) 368-6010

Kids-alliance.org

Guardianship; Emancipation; Special Education; Foster Care; Adoption

Alliance of Relative Caregivers

(818) 789-1177

<https://allianceofrelativecaregivers.org/>

Advocacy, Resources, Compassionate Family Support

A New Way of Life Reentry Project

(323) 563-3575

Anewwayoflife.org

Re-entry Housing, Community Organizing, Employment Rights

Bet Tzedek Legal Services

(323) 939-0506

Bettzedek.org

Contested Guardianships; Debt/Credit Issues; Housing Identity; Theft; SSI

Children's Law Center of Los Angeles (CLCLA)

(323) 980-1700 Los Angeles

Cclcal.org

To find child's dependency court attorney

DCFS Post Adoption Services

(800) 735-4984

Counseling; Residential treatment; Rate adjustments

DCFS Public Inquiry Line

(213) 351-5602

Locate name & phone number of Social Worker assigned to a case; general information

DCFS Child Abuse Hotline

(800) 540-4000

To report child abuse

DCFS Kinship Support Center

(888) 694-7263

Services for relative and other foster caregivers

Disability Rights California

(800) 776-5746

Disabilityrightsca.org

Services for disabled clients statewide; regional center clients

Disability Rights Legal Center

(213) 736-1334

Drclcenter.org

Special Education; Disability related legal issues; Inland Empire advocacy

Los Angeles Center for Law & Justice

(323) 980-3500

Laclj.org

Teen parents custody; Probate Guardianship; Family Law; Housing

Los Angeles County Bar Associations

(213) 243-1525

Lacba.org

Lawyer referral service

Los Angeles Dependency Lawyers, Inc. (LADLI)

(323) 262-0472

Ladlinc.org

To find the Parent's dependency court attorney

Learning Rights Law Center

(213) 489-4030

Learningrights.org

Disability and Special Education law

Legal Aid Foundation of Los Angeles

(800) 399-4529

Lafia.org

Federal Ineligibility for benefits due to "deprivation," "linkage," or the bio parents' income

Mental Health Advocacy Services

(213) 389-2077

Mhas-la.org

Mental Health, Disability and Special Education Law; Government Benefits; Housing

Neighborhood Legal Services

(800) 433-6251

Nlsia.org

General low income advocacy for San Fernando Valley residents

Public Counsel

(213) 385-2977

Publiccounsel.org

Guardianship; Emancipation; Special Education; Foster Care; Adoption

Resource Center for Self-Represented Litigants

Los Angeles Superior Court

4th Floor – Room 425

111 North Hill Street, Los Angeles, 90012

Character Reference Guidelines

Introduction

Thank you for offering to be a reference for this caregiver applicant. Your input will help keep children safe and keep families united and strong!

If you have been a character reference for somebody in the past, you may already know the sorts of information requesters are seeking. In this case, the child welfare agency is looking for information about the applicant's "home environment, lifestyle, and capacity to be a caregiver." (Form RFA 01A).

Some applicants also require a criminal record exemption. If you are offering to be a reference for this caregiver applicant who is seeking a criminal record exemption, the child welfare agency is also looking for information about whether you are aware of the caregivers' conviction and what changes they have made in their lives since that time. If you can speak about this, great! If you are unsure whether you have enough information to answer, don't worry. What's important is that you emphasize why you believe that this applicant's conviction(s) does not impact their ability to be a great caregiver and that the conviction(s) should not be a barrier to approval.

In order to make sure the child welfare agency gets the information they are seeking, below is a list of questions to help guide your letter. **You do not need to answer these questions.** They are merely a helpful guide in case you get stuck or are wondering what to write about.

Format

This letter does not need to be long. One page is fine. If you have professional letterhead, it would be best if you could print your letter on that and sign it. If you do not have professional letterhead, then printing and signing on a blank page is great too.

Guiding Questions for Reference Letter

How do you know the applicant?

How long have you known the applicant?

What qualities does the applicant have that would make them a good caregiver? (Examples are patience, responsibility, trustworthiness, kindness, safe household, strong community ties, etc...)

If you can tell a specific story about seeing these qualities in the caregiver, feel free to share it! (For example, if you work with the caregiver, you can talk about the ways in which the caregiver is dependable by showing up on time every day and always doing what they are asked.)

Do you have any stories about seeing this person care for others? If so, feel free to share.

Do you have any stories about seeing this caregiver dealing with conflict in positive ways? If so, feel free to share.

Do you have any stories about a time you placed your trust in the caregiver? If so, feel free to share.

Do you know the circumstances of this person's conviction(s)? What are they?

What positive changes has this person made since their conviction(s)? Why do these changes make them a good caregiver?

Why do you think this person's criminal record should not be a barrier to caregiver approval?

