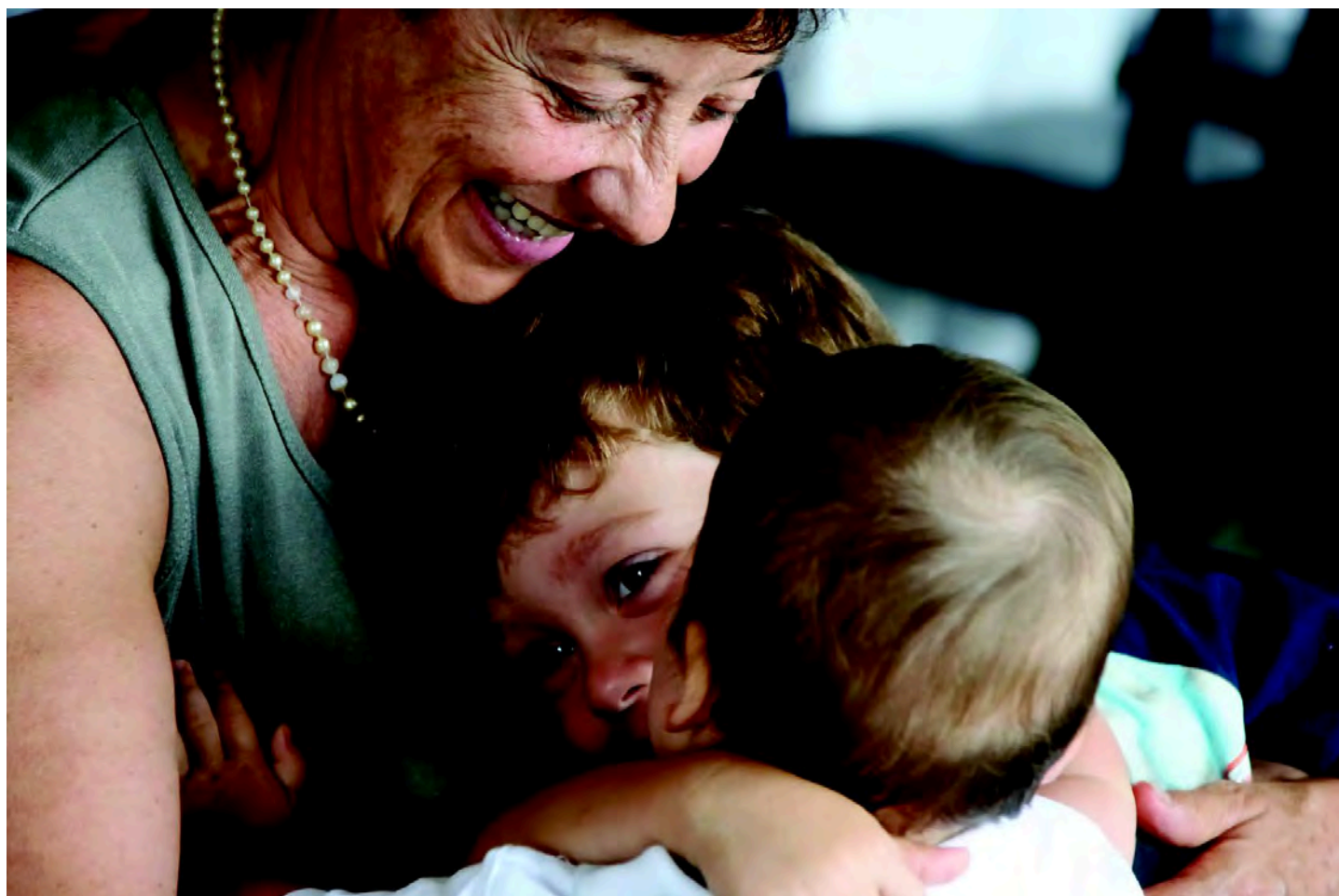


Resource Family Approval Guide



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A project of The Step Up Coalition
Powered by the Alliance for Children's Rights

Thank you for considering becoming a resource parent for a young person in your life!

Your willingness to be a resource parent is so important. Children who enter safe, loving homes—especially homes that are familiar, such as the home of a relative or close family friend—recover more quickly from past difficulties and have the greatest chance for a happy future.

Right now, if you already have a child in foster care living with you, that child may be overwhelmed, anxious, confused or frightened. Children cannot always tell you how they are feeling; sometimes they are only able to show you through their behavior. Over time, the child will regain trust and a sense of security with your help. Your patience and empathy will help them adjust.

You will soon be contacted by many people concerning the child in your care. There are many resources and supports to help you. We've created this toolkit to help you to understand the process of getting approved to be a resource family to a child in foster care. Reach out to local resource family organizations, kinship care service providers and community organizations. They will have support groups and books and other resources to help you.

Our child welfare system depends on people like you stepping up to provide safe and loving homes for children in need. Remember, there is no one model for being a resource parent. Children want and accept the love of people who can meet their needs, including those who are older, single, and LGBT. Your ability to provide love and security is the focus of the resource family approval process. If, at any point in the process, you are having trouble, please refer to this manual and ask for help. There are many supports available to you.

THANK YOU!



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Overview

As of January 1, 2017, anyone in California who is providing a home for a child in foster care must go through a detailed process called Resource Family Approval.

Children who have been removed from home due to abuse, abandonment or neglect need a safe place to live while their parent attempts to regain custody. In California, as of January 1, 2017, the process for approving caregivers for children who have been removed from their homes by child welfare agencies and probation departments is called Resource Family Approval (RFA).

This toolkit is designed to help you complete the RFA process. The goal of RFA is to ensure that all caregivers, both relatives and non-relatives, meet the same standards. It is also intended to prepare families to care for vulnerable children, support a smooth transition to stability and permanency for children in foster care, and create one unified approval process to eliminate duplication and confusion caused, in the past, by separate processes for foster care, relative care, adoption, and guardianship.

This is a guide for anyone who is completing Resource Family Approval. It also applies to the situations described below that tend to affect relatives and extended family members specifically.

Placement Prior to Approval

There are two ways a child can be placed into a home prior to that home being approved as a resource family: (1) emergency placement or (2) placement based on a compelling reason.

In an emergency placement, a child is removed from home and placed with relatives or family friends (called non-related extended family members or NREFMs) before they are approved as a resource family.

In placement based on a compelling reason, a child who has been removed from home is placed with someone, who may be a relative or a non-relative, based on the best interest of the child for reasons such as maintaining the child's connection with family or extended family. For placements based on a compelling reason to occur, the individual with whom the child is placed must complete a home environment assessment. The assessment is described in this toolkit.

If a child is placed in your home on an emergency basis or based on a compelling reason, you become the emergency caregiver for the child while you go through the RFA process. Note: if you are an emergency caregiver with a child in your home, 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. The forms can be found in the Appendix (A1, A5) of this toolkit.

Emergency caregiver is a temporary status. As an emergency caregiver, you must complete the RFA process to be approved to continue caring for the child. It is very important to complete all the requirements as soon as possible and check in frequently with caseworkers or probation officers to ensure that the process is moving forward.

Child Already Placed With Someone Else

If a child in your family or the child of a family friend is in foster care and you wish to care for that child, you should start the RFA process. Many counties are hesitant to move a child who is already placed in another home into a home of a prospective caregiver who is still working through the RFA process. However, a child can be placed in the home of a relative or non-relative extended family member at any time through the emergency placement or based on a compelling reason.

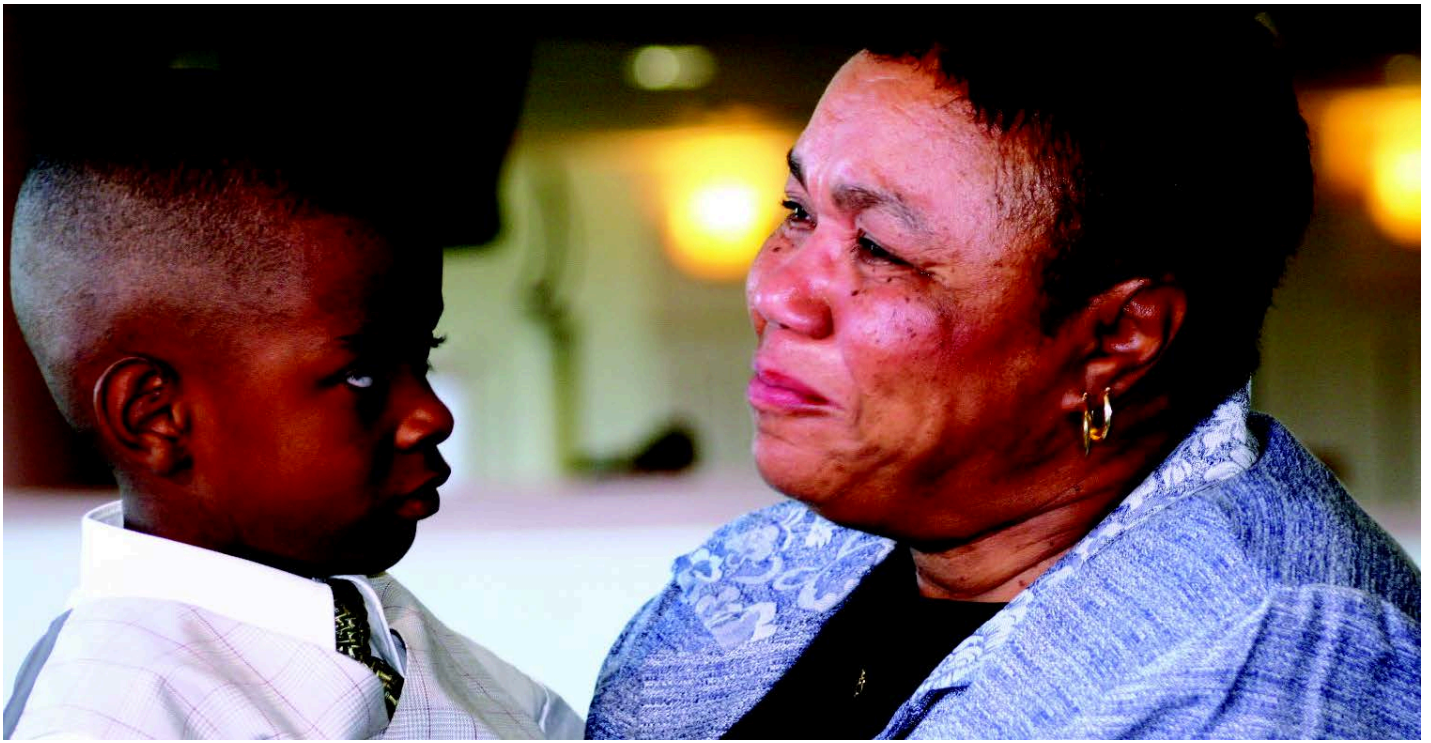
Re-approval for Licensed, Certified & Approved Foster Homes

If you were licensed or certified as a foster home prior to January 1, 2017, you must be re-approved. In other words, you must convert your license or certification to meet RFA standards. If a child in foster care lived in your home at any point during the 2017 calendar year, you have until December 31, 2020 to complete the RFA conversion process. Homes that were licensed or certified prior to January 1, 2017, and had a child in foster care living in the home at any point during 2017 may continue to accept new children under their existing license or certification through December 31, 2020, and will receive funding based on that license or certification.

If you are a relative or non-relative extended family member and were approved to care for a specific child during 2017, you also have until December 31, 2020, to convert. However, if you anticipate that an additional child may enter your home (perhaps a sibling of a child already in your home), you may want to convert sooner than that. This is because the placement of any new child with you after January 1, 2017, requires that you complete the RFA process.

All previously approved, licensed and certified caregivers must complete RFA conversion in order to continue caring for children in foster care beyond December 31, 2020, unless an exception applies. If you were approved, licensed or certified but did not have a child in your home during the 2017 calendar year, you must complete the full RFA process before you can have a child placed with you unless a child is placed with you on an emergency basis or for a compelling reason.

Please refer to the section of this toolkit titled “Conversion” for more details.



How Foster Care Works

When a child enters foster care, the juvenile court, also known as the children's court, oversees their case. The child is assigned an attorney, called the "minor's attorney" and a primary caseworker, also called a social worker. (In the case of a young person on probation who cannot return safely to the home of a parent, the decision about where that young person may live is overseen by a probation officer. See the next section, "Foster Care and the Juvenile Delinquency Court", for more information about how foster care works for young people involved in the probation system.)

Here are some things to keep in mind about how the juvenile court process works (the chart on page [A7](#) in the appendix of this toolkit also provides additional information):

- In juvenile court, the attorney represents the child, not the emergency caregiver or resource parent who is caring for the child.
- The child is required to be present at court hearings. Resource parents or emergency caregivers are not required to be there unless asked to attend by the attorney, caseworker or probation officer. However, it's a good idea to attend in order to speak with the child's attorney and understand the child's legal situation.
- Also, court can be a stressful experience for a child and it may be helpful to the child to have you there.
- An attorney representing the county will be present at court. That attorney usually will explain to the judge what the child welfare system is planning for the child.

- The attorneys and the judge may discuss the birth parents' rights during the court proceeding because birth parents continue to have parental rights even after a child is placed in foster care. At some point in the case, the court may terminate those parental rights. Typically, this happens after twelve or more months of services aimed at helping the birth parents reunify with the child.
- The child may also have an education rights holder appointed by the court to make education-related decisions for the child. Please refer to the section "Rights and Needs of Children in Foster Care" for more information about education rights holders.
- Resource parents or emergency caregivers may not be asked or allowed to speak during the court hearing. However, there are ways to share input with the juvenile court. The appendix includes forms that can be used to submit information to the juvenile court. See [A8-A12](#) of this toolkit. Relatives can use the JV-285 form and any current caregiver for the child can use the JV-290 form to share information with the court. You may also use the JV-287 form to keep contact information confidential.
- The court hearing might go very quickly and a lot of abbreviations and legal language that is difficult to understand might be used. The child's caseworker or probation officer can explain what was said and what was decided. Resource parents and emergency caregivers may ask to speak to the child's attorney before and after the hearing. You may want to familiarize yourself with a list of common acronyms. See [A13](#) in the appendix for a guide to common acronyms and abbreviations.
- If you hope to provide a home for a child in foster care but the child is not living with you right now, you may request phone calls and visits with the child by contacting the child's attorney and the child's caseworker or probation officer.
- The child may be assigned a Court Appointed Special Advocate (CASA). A CASA volunteer is appointed by the court to advocate for the child and may assist the court in making decisions for the child. Resource parents and emergency caregivers should be in contact with a child's CASA as well.
- See [A16](#) for a tool to help you keep track of everyone involved with the child's case.

Foster Care & the Juvenile Delinquency Court

Some older children (usually adolescents or teenagers) in foster care have their case handled by the juvenile justice system, rather than through the dependency court (children's court). This can happen if the youth has been charged with a crime (this is called being an "adjudicated delinquent" in the juvenile justice system) and ordered into a foster care placement. In some counties, a youth may be in foster care through the juvenile justice system (not the dependency system).

For the juvenile justice system to place a youth into foster care, the juvenile delinquency court judge must make an order requesting a foster care placement in a short-term residential treatment program (STRTP), a transitional housing program or a resource family placement, as appropriate. Sometimes delinquency courts may order that a youth be released to a parent with permission to reside with a relative or non-relative friend of the family. This is not the same as a foster care placement. Because it is not a foster care placement, the youth and the person with whom she or he is residing may not receive foster care benefits or other supports. Such an arrangement may be appropriate in some cases: for example, when the parent and non-parent caregiver are jointly caring for the youth. However, by placing the youth outside of the foster care system, the court may be depriving the household of support needed to help the youth thrive. The youth's criminal defense attorney can explain the juvenile delinquency court orders.

The process for being approved as a resource family through the juvenile justice system is similar to the process described in this toolkit, except that in many counties a probation officer, not a caseworker, will be handling the approval process. That probation officer has the same duties and obligations as a caseworker. If you are caring for a youth with a delinquency case or you hope to provide a home for a youth with a delinquency case, contact the youth's probation officer and criminal defense attorney. You should also attend the youth's juvenile delinquency court proceedings if possible.

Understanding Placement vs Approval

It is important to understand the difference between approval and placement. Using the right words can help you communicate with the court and the child welfare agency.

Resource Family Approval is a process where the child welfare agency is generally making sure that you can provide a safe home for a child.

Placement occurs when a child welfare agency moves a specific child into your home. Emergency placements may happen before Resource Family Approval, but if a child is placed with you as an emergency placement, you must immediately begin the RFA process. You will not be eligible for foster care funding until you submit the RFA application. Please refer to the "Funding" section of this toolkit for more information.

Requesting Placement of a Child In Foster Care

If you wish to have a child in foster care placed with you:

- Inform the caseworker or probation officer as soon as possible that you are seeking approval to care for the child. The caseworker or probation officer must try to place the child with a responsible relative at the beginning of the case prior to the first court hearing. In some counties, there might be a number of caseworkers or probation officers assigned to the case for different reasons (i.e., one to investigate any allegations and another to provide services to the family). Each will need to be informed, as they do not always share information. The child welfare hotline for the county is a good place to start if you aren't sure who the child's caseworker or probation officer is. The hotline will ask for the child's full name and, date of birth, if you know it. See [A16](#) for a useful tool to help you keep track of important phone numbers.
- Start the RFA process in advance if possible (even if the child is not yet placed with you), by filing the RFA application found on [A1](#) of this toolkit and follow the other steps in this toolkit. This is particularly advisable if you are a relative or family friend and you think a child in your life might come into foster care. Starting in advance means you will already be a step ahead in going through the process of approval. If the child does enter foster care and is placed with you, starting in advance helps you access funding and support quickly.
- You may also ask to participate in the child & family team (CFT) meetings. Within 60 days of a child entering foster care, the caseworker or probation officer must convene a CFT meeting with the child, family members, professionals and other people identified by the family who are invested in the well-being of the child and family. The participants work together to create a recommendation for placement, services and supports for the child. The child, the emergency caregiver or resource parent caring for the child, the birth parent(s) and a representative of the placing agency are required members of the CFT. Please refer to the section of this toolkit "Child and Family Teams" for more information.
- If there are multiple relatives or family friends interested in having the child placed with them, everyone should work together to identify the best plan for the child. For example, a family might decide that one relative will be the resource parent while other family members provide support by babysitting, driving the child to appointments or helping with schoolwork.
- You should also attend any court hearings. Children's court cases are confidential, so the judge may not allow emergency caregivers or other people interested in becoming a caregiver for the child in the courtroom. However, you may ask to speak with the attorney representing the child, or to the attorney representing the parent(s) before the hearing to express an interest in having the child placed with you.
- Relatives of a child in foster care may file a special information form (called a JV-285 form) at the court. This form allows a relative to give the court information and express interest in having a child placed with them. This form may be filed at the first court hearing or any time after the first hearing. See [A8](#) of this toolkit.

- You may also file a request for a WIC 361.3 hearing. State law requires that preferential consideration for placement must be given to relatives. State law also requires that a relative has a right to a hearing under Welfare & Institutions Code (WIC) section 361.3. If you are related to a child in foster care and wish to ask the court to consider placing the child with you, you may request such a hearing at court or file a motion for a WIC 361.3 hearing with the dependency court. Anyone can file a request to change a court order in a children's court case using a special request form called a JV-180 form. Use the WIC 388 petition to ask the court to change the current placement of the child. See [A17](#) of this toolkit.
- Be persistent. There are many ways to request placement and you might have to try multiple times. Don't give up. Your willingness to care for the child is important. Circumstances change quickly. Continue to make your desire to care for the child known to everyone involved in the child's foster care case.

Emergency Placement

California law requires that a child who is removed from the custody of his or her parents be released to a relative if one is available. The law also requires that a caseworker or probation officer assess the suitability of any relative or family friend (called a non-related extended family member or NREFM) who requests placement of the child at the beginning of a case.

If you are a relative or NREFM, a caseworkers or probation officer may place a child with you on an emergency basis once they have:

- completed an in-home inspection (see [A20](#) Resource Family Home Health and Safety Assessment Checklist). Caseworkers or probation officers must determine that the home and grounds are free of conditions that pose any undue risks to the health and safety of children;
- received the results of a criminal records check through what is called CLETS for all of the adults living in the home. A criminal records check through the CLETS database is different than a Livescan (fingerprinting). CLETS is a database check and often the results can be received within a few hours. If the CLETS check shows any criminal convictions for any adult in the home, even if they are for minor crimes or occurred in the past, generally a child may not be placed on an emergency basis in that home until an exemption has been granted. However, an exception in the law allows for placement pending an exemption if ALL of the parties are in agreement, including the child welfare agency or probation department. Arrests alone do not require an exemption, but they might be cause for a delay in placement until more information is gathered.
- checked allegations of prior child abuse or neglect on the Child Abuse Central Index (CACI) for all of the adults living in the home. The caseworker or probation officer and/or the court might decide against an emergency placement if the CACI report raises any child safety issues.

NOTE: A Livescan (fingerprinting) is not required for an emergency placement, but must occur within 10 days of the CLETS check or five business days of the placement, whichever is first. The child welfare agency or probation department will provide instructions and a form to take to a location where fingerprints are electronically scanned and checked with the CA Department of Justice and FBI databases. Any form of photo ID is acceptable. It does not need to be a driver's license.

NOTE REGARDING IMMIGRATION STATUS: California counties are not investigating immigration status, nor is immigration status a reason to disqualify any individual from becoming a resource family. County agencies may place a child on an emergency basis regardless of immigration status of the individual.

Next Steps Following an Emergency Placement

Emergency placements may be made before you complete the RFA process. Immediately following an emergency placement, you must do the following:

- Within 5 days, begin the RFA process and complete form RFA-01A: Resource Family Application. See [A1](#) and [A5](#) in this toolkit. If you are an emergency caregiver, you can receive emergency foster care funding right away once you submit these forms. In California, if you are an emergency caregiver, you qualify for the basic foster care rate (\$960 per month as of the publication of this toolkit) even before you complete the RFA process. Emergency caregiver funding usually accrues back to the date of placement but cannot be paid until the RFA application is complete.
- Complete all other RFA requirements described in this toolkit. Please refer to the section “Resource Family Approval Checklist” for the complete list of requirements.

Placement for a Compelling Reason

While emergency placement is an option **ONLY** if you are a relative or a NREFM, what is called “placement for a compelling reason” is an option for anyone who wishes to have a child in foster care placed with them. A placement for a compelling reason, like an emergency placement, can occur before you are approved as a resource family. The process for a “compelling reason” placement is like the emergency placement process, except that a full home assessment (Form RFA-03: Resource Family Home Health and Safety Assessment Checklist, [A20](#)) must be completed prior to placement.

Examples of “compelling reasons” may include, but are not limited to, the following:

- You are caring for the child's sibling.
- You can help the child stay connected to other family members.
- You are the best person to provide for the child's special needs.

If you believe there may be a compelling reason for a child in foster care to be placed with you, contact the child's social worker or probation officer.

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: |
|-----------------|--|
| <hr/> | 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. |
| <hr/> | 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. |
| <hr/> | 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. |
| <hr/> | 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. |
| <hr/> | 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. |
| <hr/> | 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. |
| <hr/> | 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. |
| <hr/> | 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.

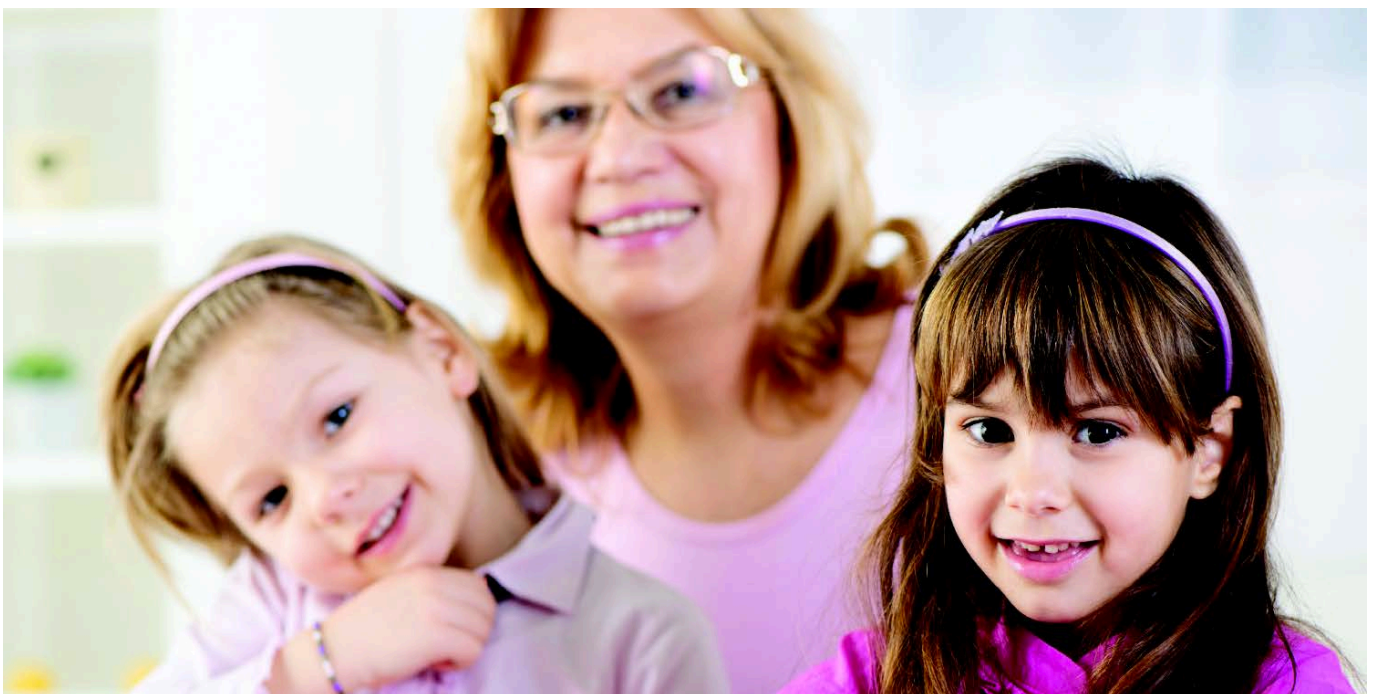
Getting Through the Checklist

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.

Intensive Services Foster Care

Some children with certain behavioral, physical, or medical needs require a home with specialized training and intensive support from a professional team. Families approved to care for such children are known as Intensive Services Foster Care (ISFC) resource families.

The goal of intensive services foster care is for the child to be able to live in a family home, rather than a group home or short-term residential therapeutic program. ISFC families receive a higher foster care rate to offset the extra time commitment and responsibility that comes with caring for a child with intensive needs. Children who qualify for ISFC receive special supports and services including, but not limited to, mental health treatment, trauma informed care and transitional support. ISFC services and supports are provided either by the ISFC foster family agency, the child welfare agency or certain approved providers in your community.

An ISFC resource family may not have more than two children in foster care in the home unless the children are a sibling group, in which case, up to five children may be placed in the home.

A child's eligibility for ISFC is determined by a process called the Level of Care (LOC) Protocol. There are three ways that a child can qualify for ISFC:

- The LOC Protocol includes a list of what are termed “static criteria” that qualify a child for ISFC. These static criteria include a history of substance abuse, running away, three or more placements, gang activity, aggressive or assaultive behavior, and more.
- In addition to the above, any young person that receives a total LOC score of 25 or more qualifies for ISFC.
- Any young person who receives a score of 7 in either the Health or the Behavioral/Emotional domain of the Protocol qualifies for ISFC.

See [A54](#) in this toolkit for more about the LOC Protocol, including the list of static criteria.

Child Specific Approval

In general, resource family approval means you may care for any child in foster care if that is in the child's best interest and you can meet their needs. However, in some exceptional situations, a resource parent may be approved to care only for a specific child. This happens when concerns arise during the resource family approval process but the caseworker or probation officer determines that the familial relationship between the applicant and the child is of such significance that it outweighs those concerns. Child specific approval is offered in such cases only when the concerns identified during the assessment process do not impact the health, safety or well-being of the child.

Approval to care for a specific child does not grant you approval to care for any other child in foster care. If you are approved to care for a specific child, you may not have additional children placed with you unless and until your approval is updated to account for additional children or you are granted general resource family approval, rather than a child-specific approval.

You must complete form RFA 01C (A24) in addition to all other forms if you are requesting approval only for a specific child.

The Annual Update

Once you are approved, you must complete an annual update each year to maintain your approval status and continue caring for a child in foster care. The annual update is far less extensive than the full RFA process.

As part of the annual update, you are required to complete a minimum of eight hours of new training and a current CPR and first aid certification. As with the pre-approval training, some counties have additional training requirements beyond the 8-hour minimum. Ask your caseworker or probation officer for more information about how to meet your annual training requirement. Annual training classes often cover topics such as: trauma, crisis intervention, supporting children in school, and reproductive health. Training may be provided by colleges, hospitals, foster parent associations, online and other sources.

If you are an Intensive Services Foster Care resource family, you must complete a minimum of 24 hours of additional training within the first 12 months following placement of a child and 12 hours of training each year after that. If there are two ISFC approved parents in your home, each of you must complete 12 hours of training per year.

In addition, you may be asked to verify information in the RFA report, conduct an updated home health and safety assessment, verify background checks, or complete other activities recommended by the caseworker or probation officer as part of the annual update.

CPR and First-Aid Certification Requirements

You must complete cardiopulmonary resuscitation (CPR) and first aid training no later than 90 days following approval as a resource family. CPR and first aid certification may be offered as one class. CPR and first aid classes typically take a few hours to complete and online options are available. The class should be appropriate for the age of the child being placed with you. See [A75](#) for a list of classes.

Ask your caseworker or probation officer if your county provides online CPR and first aid training, and whether they pay for such training. They may also provide other supports to help you meet the training requirements (such as transportation help or child care during trainings). Typically, CPR and first aid certification is valid for two years. It is your responsibility to keep your CPR and first aid certificate on hand. During the annual update, you must provide CPR and first aid certificates.

Inactive Status

You may have your approval status changed to “inactive” if you are not currently caring for a child in foster care and do not plan to accept any new placements in the near future.

“Inactive status” allows you to maintain your status as a resource family for a period of time without having to complete the annual approval update. Resource families who are on inactive status may not accept placement of a child in foster care during the period that they are inactive. Inactive status may last up to two years.

To be placed on inactive status, you need to submit a request in writing to your caseworker or probation officer asking to be placed on inactive status. If you decide that you would like to accept placement of a child in foster care again after you have been placed in inactive status, you must notify the child welfare agency or probation department in writing that you wish to be taken off inactive status. Also, you must complete the annual update before you can accept a child in foster care into your home again, unless the child is placed with you on an emergency basis or based on a compelling reason.

Conversion

Resource Family Approval was implemented statewide on January 1, 2017. If you were approved, licensed or certified to care for a child in foster care under the old processes, you must take steps to convert your approval before December 31, 2020 to continue to provide a home to children in foster care. Those eligible for conversion need only submit certain documents and complete the family evaluation described in this toolkit.

If you were a licensed foster family, an approved relative, or an approved NREFM, your county agency is responsible for handling your conversion. If you were a certified foster family, a licensed foster family agency is responsible for completing your conversion.

If you were previously certified, licensed or approved as a foster family AND had placement of a foster child at any point during 2017, you have until December 31, 2020 to complete the conversion process. The specific process for conversion depends on whether you have completed an adoption home study.

- **If you were a licensed foster family or approved relative or NREFM who did not have a completed adoption home study**, you are required to submit a Conversion RFA Application (RFA 00A) and Release of Information (RFA 00), complete the family evaluation, and have a current criminal record clearance or exemption. See [A76](#) and [A80](#) in this toolkit for the forms. The family evaluation requires two face-to-face interviews; although, if there is documentation of a reassessment or visit to your home on or after January 1, 2016, then only one additional face-to-face interview is required to complete the family evaluation. You will receive RFA Certificate RFA-05A ([A81](#)) upon approval as a resource family.

- If you were a licensed foster family or an approved relative or NREFM who had an approved adoption home study that was completed and updated prior to January 1, 2018, you only have to submit a Conversion RFA Application: Release of Information (RFA 00) to convert to a resource family and continue caring for children in foster care. See [A76](#) for this form.
- If you were a certified foster family who did not complete an adoption home study, you are required to submit a Conversion RFA Application (LIC-00A), complete the family evaluation, and have a current criminal record clearance or exemption. See [A82](#) in this toolkit. You must also complete a family evaluation including two face-to-face interviews. You will receive the RFA Certificate LIC-05A ([A87](#)) upon approval.
- If you were a certified foster family who had an approved adoption home study that was completed and updated prior to January 1, 2018, you only have to submit a Conversion of Existing Families: Release of Information (LIC-00) to the CDSS Adoption Regional Office or licensed adoption agency. Families that had a completed adoption home study do not have to complete the family evaluation requirements to convert to a resource family. See [A86](#) in this toolkit.

Some individuals who were granted legal guardianship may also have to convert. **If you were granted legal guardianship of a child in foster care** you need to convert to RFA if:

- the foster care case remains open after guardianship is established, and the case is not closed by December 31, 2020; OR
- the child has an open dependency case and you wish to accept placement of other children in your home; OR
- you wish to adopt the child over whom guardianship was approved, and you do not have an adoption home study that was completed prior to January 1, 2018.

You do not need to convert if:

- the guardianship is finalized and the dependency (foster care) case has already been closed, as long as there are no other children in foster care in your home; OR
- the guardianship is finalized and the dependency (foster care) case is currently open, as long as the dependency case is closed before December 31, 2020; OR you completed an adoption home study prior to January 1, 2018.

Placement of a Child into a Home That Has Not Yet Converted

A licensed or certified foster parent who had a child in foster care in their home during 2017 may continue to accept new placements and receive funding under their existing license or certification without first completing the conversion process through December 31, 2020. However, if you did not have a child placed with you at some point during 2017, your license or certification was forfeited as of January 1, 2018 and you must go through the RFA process before you can have a child in foster care in your home.

If you were an approved relative caregiver or non-related extended family member and had a child in foster care placed with you during 2017, you must begin the conversion process either prior to a new child being placed with your or immediately after the placement, if the child is placed in your home using the emergency placement or compelling reason process.

Portability of Approval

Resource family approval and ongoing support of resource families happens either through a foster family agency (FFA) or through a county child welfare or probation agency.

If you start with one type of agency and then you want to change to another, or if you move to a different county, you can transfer your approval. State law allows you to transfer approval between counties, between FFAs, from a county to a FFA, or from a FFA to a county. This allows families to access appropriate supports and services that might be offered from a different entity without having to start the RFA process over again with that entity. This process is called “portability.” The minimum requirements for porting an approval from one entity to another are outlined below, but the agency you are transferring to can impose additional requirements prior to accepting you into their agency.

If you are transferring your RFA application from one FFA to another FFA, prior to approval, you must:

- submit your RFA application to the new FFA;
- comply with criminal record clearance requirements, and
- cooperate with the new FFA in conducting an approval update.

The new FFA must:

- conduct the background check for you and all adults residing in your home;
- conduct a reference check;
- complete an approval update;
- request copy of the written report from the original FFA and the original FFA must forward copy of the written report to the new FFA, and
- notify the original FFA of the approval.

If you are transferring your RFA application from a county agency to FFA, you must:

- submit a RFA application to the FFA;
- comply with criminal record clearance requirements, and
- cooperate with the new FFA in conducting an approval update.

The new FFA must:

- conduct the background check for you and all adults residing in your home;
- conduct a reference check;
- complete an approval update;
- request copy of the written report from the county, which the county must then provide to the FFA, and
- notify the county of the approval.

If you are transferring your RFA application from a FFA to a county agency, you must:

- submit information to the county to initiate the transfer process, and
- cooperate with the county in conducting an approval update.

The county must:

- request that clearances and exemptions issued to you and any other adults residing in your home be transferred to the county;
- complete an approval update;
- request a copy of the written report from the original FFA, which the original FFA must then forward to the county, and
- notify the original FFA of the approval.

If you are transferring from one county to another county:

The current county must provide the following to the new county:

- the physical RFA case file, the Department of Justice (DOJ) form used to transfer the subsequent arrest notification (this will allow the new county to receive notification of any arrests or convictions that happen in the future), written reports, and approval certificate of all adults in the home.

The new county must:

- review all materials received from the original approval county;
- assign a new caseworker or probation officer;
- the new caseworker or probation officer must contact you within five business days for a site inspection, complete background checks, and update the written report and certificate, and
- the new caseworker or probation officer must notify the original approving county that Department of Justice has approved the transfer

Indian Child Welfare Act

Native American tribes have autonomy to create their own approval standards for families caring for Indian/Native American children, and many tribes utilize their own approval standards. Therefore, RFA requirements do not always apply to situations involving a Native American child. Instead, the Indian Child Welfare Act (ICWA) governs some of the process for such children.

Background

Native American children have been overrepresented in the foster care system. In the past, Native American children were removed from their homes by state child welfare and private adoption agencies and 85% were placed outside of their families and communities. Such practices negatively impacted Indian children, families, and tribes. ICWA aims to “protect the best interests of Indian children and to promote the stability and security of Indian tribes and families.” (25 U.S.C. § 1902)

To Whom Does ICWA Apply

ICWA applies to certain child custody proceedings that involve an Indian child. ICWA defines an Indian child as an unmarried person who is under the age of 18 and is either a member of an Indian tribe or eligible for membership in an Indian tribe and is the biological child of a member Indian. ICWA also applies to non-minor dependents—those between 18 and 21.

Child Welfare Under ICWA

An Indian child may only be removed from parental custody if there is imminent risk of physical damage or harm. Placement of an Indian child must comply with the requirements of ICWA.

Where a child is removed by a county child welfare agency, the county is required to quickly identify whether the child is a tribal member or eligible for tribal membership, and send notice (ICWA-030 Form) to the child's parents or legal guardian, Indian custodian, and the child's tribe. ICWA requires that anyone who has reason to know the child is an Indian child shall treat the child as an Indian child until determined otherwise (including caseworkers, probation officers, judges, and child welfare officials).

The child's tribe has the right to intervene as a full party to the child's county child welfare case or to seek to transfer the case to tribal court where tribal law would apply.

If a child is domiciled (where a child is domiciled means where the parent or custodian lives or treats as their permanent home, not necessarily the physical residence of the child) on the reservation of a tribe with exclusive jurisdiction over child welfare matters, the case must be transferred to the tribe. Also, when a child is a ward of a tribal court, the tribe has exclusive jurisdiction over the child. In these cases, the laws of the tribe would apply.

Tribally Approved Homes and Tribally Specified Homes

When an Indian child is removed from parental custody, the county must make "active efforts" to find a home for the child according to the preferences outlined in the ICWA, which gives priority to extended family. A tribe may specify a particular home as the preferred placement. These placements are known as "Tribal Specified Placements." Tribally Specified Placements are subject to the RFA requirements.

Tribes are also permitted to develop their own approval standards that do not have to conform with state requirements, including RFA. Where a tribe chooses to license or approve a placement for an Indian child, the placement is known as a "Tribally Approved Home." Tribally Approved Homes are eligible for foster care funding without having to complete RFA. Where a placement is a Tribally Approved Home, either the county or state can conduct the CLETS, CACI, and requested exemptions, or the tribe can conduct CLETS, CACI, and requested exemptions. See [A102](#) in this toolkit for a chart comparing RFA, Tribally Approved Homes and Tribally Specified Homes standards and requirements.

Funding & Level of Care

All approved, licensed, or certified foster families (inclusive of relatives and non-relatives) are eligible to receive funding to provide for the child's daily care and supervision. Due to recent changes in the law, if a child is placed with you any time after July 1, 2018 prior to the time when you have been approved as a resource family, you are eligible to receive foster care funding from the moment that a child in foster care is placed in your home. Please see the detailed information below about how this funding works.

If you had a child placed in your home prior to your approval as a resource family before July 1, 2018, you may also be eligible for emergency caregiver funding. Please see the detail below to determine eligibility for funding for a child placed in your home prior to your home being approved before July 1, 2018.

Funding Prior to Resource Family Approval

If you are currently caring for a child in foster care who was placed in your home through an emergency placement or placement based on a compelling reason, you should receive emergency caregiver funding at the basic foster care rate (\$960/month per child as of the publication of this toolkit). In most cases you will continue to receive that funding until you complete RFA. If you complete the RFA process and are approved, you will continue to receive foster care funding without interruption.

Note: It is very important that you sign and submit your RFA application (the RFA-01 form) as soon as possible. You will not receive any emergency funding until the signed application form is received.

Emergency caregiver funding first took effect on March 30, 2018. Your eligibility for emergency caregiver funding depends on when the placement occurred and when you started the RFA process.

RFA Completed Prior to March 30, 2018: If a child in foster care was placed with you prior to March 30, 2018 and you completed the RFA process prior to March 30, 2018, you are not eligible for emergency funding. You should be receiving regular foster care funding. Families approved prior to March 30, 2018 are not eligible for emergency caregiver funding to cover the period that they were caring for a child prior to approval.

RFA Application Pending On or After March 30, 2018: If you submitted a RFA application and your RFA application was pending on or after March 30, 2018, you are eligible for emergency caregiver funding for each child placed in your home for the period between March 30, 2018, and the completion of RFA. This funding is only available back to March 30, 2018 or the date that your RFA application was completed and submitted, whichever is later. The amount of funding you may receive is:

\$923/month for the period March 30, 2018 through June 30, 2018

\$960/month from July 1, 2018 onwards if your RFA application is still pending

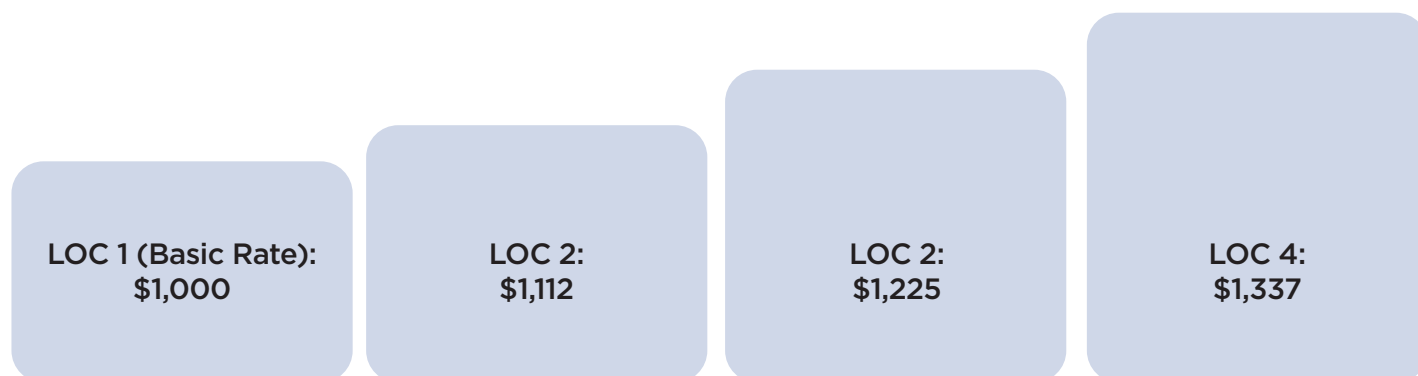
Placement Prior to Approval On or After July 1, 2018: If a child in foster care was placed with you on or after July 1, 2018, and you have not completed the RFA process, you are eligible for emergency caregiver funding of \$960/month per child as of the date of placement. For that funding to begin, you must submit the RFA application.

Note: Emergency caregiver funding is paid retroactively. This means that you will receive the funding for the month you provide care for the child after that month has ended. For example, if you had a child placed in your home during the month of April, you would receive emergency caregiver funding for the month of April in May.

Funding After Resource Family Approval

Once you are approved as a resource family and a child in foster care is placed with you, you will receive foster care funding. Note: Foster care funding is paid retroactively, which means you will receive the funding for the month you provide care for the child after that month has ended. You will receive an amount that is at least equal to the basic foster care rate (\$960/month per child as of the publication of this toolkit). The rate increases slightly every July, based on the cost of living. You may receive additional funding in addition to the basic rate, based on the needs of the child in your care.

As of March 1, 2018, if a child is placed with you through a foster family agency (FFA), you will also be assessed for additional funding based on California's Level of Care (LOC) protocol. The LOC protocol provides for higher rates as outlined below:



The assessment that determines the LOC rate is based on the care that you provide to the child in the following areas: physical, behavioral/emotional, educational, health, and permanency/family services. The county should give you the opportunity to provide input into this process using the Resource Family Report Tool included in the appendix of this toolkit. You may request a reassessment and/or an administrative fair hearing if you do not agree with the assessed level of care and believe your assessment is not accurate.

Note: As of the publication of this toolkit, the LOC protocol applies only to placements handled by FFAs. California plans to implement the LOC protocol for all resource families, not just those who accept placement through a FFA, at a date that has yet to be determined. Until the LOC protocol applies to all resource families, those approved by a county agency rather than a FFA (including most relatives and non-relative extended family members) will receive the basic foster care rate (\$960 per month) plus any extra funding as outlined below.

Intensive Services Foster Care Funding

Intensive Services Foster Care (ISFC) families are specially trained to care for children and young adults with intensive needs. These include, but are not limited to, medical, therapeutic or behavioral needs. The purpose of ISFC is to keep children with high needs in a family home. The monthly financial support that ISFC family receives on behalf of an eligible child is \$2,505 per month.

See All County Letter 18-25 in the appendix ([A107](#)) to learn more about ISFC funding.

In some cases, you may receive ISFC funding even before you complete ISFC training.

To qualify for ISFC funding, one of the following conditions must apply to the child:

- adjudicated violent offenses
- history of significant property damage
- history of sex offenses
- aggressive and assaultive
- history of animal cruelty
- history of commercial sexual exploitation
- history of eating disorder
- history of fire setting
- gang activity
- habitual truancy
- history of psychiatric hospitalization(s)
- runaway
- severe mental health issues-including suicidal ideation and/or self-harm
- substance use/abuse
- three or more placement changes due to behavior
- score of 7 on the LOC protocol in either the health domain OR the behavioral/emotional domain

If you believe a child in your care is eligible for ISFC funding and services and you are denied this support, you may request a reassessment and/or an administrative fair hearing.

Other Funding Beyond the Basic Rate

Once you complete the RFA process, in addition to the basic rate, you may be eligible for one or more sources of increased funding, including:

- **Specialized Care Increments (SCIs):** Children who do not qualify for ISFC may still qualify for additional funding through the county. Most counties provide additional financial support to families caring for a child with special medical, behavioral, developmental, and/or emotional needs. This kind of funding is called a specialized care increment (SCI). The eligibility rules and the amounts of specialized care vary by county. Information about SCIs by county may be found here: <http://www.cdss.ca.gov/inforesources/Foster-Care/Specialized-Care>.

- **Dual Agency Rates:** Children who are in foster care and are also clients of a Regional Center are eligible for a monthly payment referred to as the “dual agency rate”, even if they are not currently receiving services directly from a Regional Center. The only requirement is that they have been found eligible for services by a Regional Center. Regional Centers serve young people with developmental disabilities including intellectual disabilities, cerebral palsy, epilepsy and autism. The dual agency rate for children who are eligible for lifetime Regional Center services is \$2,510 per month and may be as much as \$3,510, depending on the child’s level of self care and other factors. If you are caring for a child who has one of the qualifying conditions to be a lifetime Regional Center client, ask the county worker to initiate an assessment for the supplement to the dual agency rate. Regional Centers also serve children aged 0 – 3 who qualify for early intervention services prior to an official diagnosis. These children qualify for the early intervention rate. The current early intervention rate is \$1,123 per month.
- **Infant Supplement:** Resource families may receive an infant supplement if a young person in foster care who has been placed with them gives birth to a baby. (Note: a child born to a young person in foster care is not automatically in foster care.) The supplement is intended to cover the additional cost of providing food, clothing and shelter for an infant. The infant supplement is \$900 per month and is paid in addition to the basic rate that you receive to support the foster youth who is the parent of the infant. In most counties, the infant supplement is not paid until the child is born. However, in Los Angeles County, a supplement of \$440 per month is available during the last three months of the pregnancy to help prepare for the baby’s arrival. Parents in foster care who are caring for their own biological children can also qualify to receive the infant supplement directly. In other words, the resource family caring for the parent of the baby may receive the supplement, or the parent of the baby may receive the supplement, but both parties may not receive the supplement.
- **Clothing Allowance:** Some counties offer a clothing allowance to help you purchase new clothes for a child placed with you. The clothing allowance is discretionary funding provided the county. Therefore, it may not be available in your county, and you are not necessarily eligible to receive it.
- **Educational Travel Reimbursement:** You may be eligible for special funding (known as the educational travel reimbursement, or school of origin funding) if you are transporting a child to a school more than three miles away from your home. A child’s “school of origin” is, in most cases, the school that he or she was attending before they were placed in your home. Funding may be available to transport the child to their school of origin in order to maintain stability and continuity in their education. Please see the section “Educational Rights & Needs of Youth in Foster Care” in this toolkit for more information.

Note: If a child in your care is denied any of the supplemental supports described above and you do not agree with that decision, you may request a reassessment and/or an administrative fair hearing.

Rights and Needs of Children in Foster Care

Educational Rights

A child's birth parents have the right to make education decisions for that child even after a child is removed and placed in foster care unless the county has appointed another person as the education rights holder for the child. The child's attorney, caseworker or probation officer can help to identify the child's education rights holder. They can also discuss any concerns you may have about the education rights holder's ability to make education related decisions for the child. You may ask to become the child's education rights holder if the child does not have a birth parent who is able and willing to make these decisions. You may also consider being the co-education rights holder with the birth parent so that you can make decisions together.

Even if you are not the child's education rights holder, you may be allowed to see the child's current student records so that you can better understand the child's educational situation and make sure that they receive the services they need to succeed in school. The appendix of this toolkit includes a guide to requesting education records. All children in foster care who are under 18 must have an official education rights holder at all times.

Early Intervention Services

Children from infancy up to three years old who have, or may be at risk of having, developmental delays, such as delayed speech or motor skills, may be eligible to receive Early Start services through their local Regional Center. See [A92](#) in the appendix of this toolkit for a guide to referring your child to a regional center for Early Start services.

Children between ages 3 and 5 are eligible for Head Start, Transitional Kindergarten, and State Preschool programs. Enrolling children in preschool helps them prepare for kindergarten and ongoing education. Your caseworker should help you locate a preschool or Head Start program. See [A92](#) for more information.

Special Provisions for Students in Foster Care

Changing schools multiple times makes it hard for children to succeed in school. For that reason, a child who enters foster care must remain in their "school of origin" unless the child's education rights holder decides it is in the child's best interest to change schools.

A child's school of origin may be:

- their prior school
- the school they attended when they first entered foster care
- any school the child attended in the past 15 months where the child feels a connection (e.g., favorite teacher, friend)
- any school in the feeder pattern of one of the first three school options

You may be asked to transport the child to their school of origin. If so, the child welfare agency should reimburse you for the cost of transportation. The child has a right to enroll in a local school right away, even if you do not have the child's school records or immunizations. See [A96](#) in the appendix of this toolkit for helpful worksheets to determine if a school change is in the child's best interest.

Children in foster care have the right to attend regular schools. You should not be told to enroll them in an alternative or continuation school, even if they are behind in credits or have behavior problems, unless doing so is in the best interest of the child. The education rights holder makes the ultimate decision regarding what school the child should attend. If you have difficulty enrolling the child in school, you should talk to the child's attorney, caseworker or probation officer right away.

High school students in foster care who move schools mid-term have the right to receive partial credits for all work completed before and after the move. Although many school districts state that they don't offer partial credits, the law requires that students in foster care receive credit for all work completed.

High school students in foster care who transfer to a new school after their sophomore year may be exempt from the additional graduation requirements of the new school if the transfer causes them to be behind in credits. In other words, the student may only have to meet the minimum statewide coursework requirements to graduate. This provision can be helpful to ensure that the student can graduate in four years, despite any interruptions caused by being in foster care.

Special Education Services

Children recovering from abuse and neglect may experience trouble at school, such as low grades, poor attendance or behavior problems caused by a learning disability or trauma. Children with disabilities have the right to special education supports to help them succeed in school. Anyone working with a child may refer them for a special education assessment. The child's education rights holder must consent to the assessment and any resulting Individual Education Plan (IEP). If you believe that the child in your care needs a special education assessment, contact the child's education rights holder, the child's attorney, caseworker or probation officer. Section A40 in the appendix includes a special education assessment request form.

Schools should not suspend or expel students in foster care, without trying to understand what is causing behavior problems, especially if the child has a learning disability.

Reproductive/Sexual Health Care Rights of Youth in Foster Care

All young people in foster care are entitled to reproductive and sexual health care education and services, including transportation to those services, and possession of contraceptives. It is very important that you and the young person understand and respect these rights and know how to access services.

Young people in foster care have the right to age-appropriate, medically accurate information about sexual development, reproductive and sexual health care, the prevention of unintended pregnancy, abstinence, use of contraceptives, abortion, and the prevention and treatment of sexually transmitted infections. They must be informed of these rights at least once every six months once they reach a certain age.

Approach these topics in a way that is age appropriate and open to discussion. As a resource parent, you are required to use reasonable and prudent parent standards to support the healthy sexual development of the young person in your care. That includes helping them access health services, directing them to reliable information, protecting and respecting their privacy, communicating with the caseworker or probation officer if the young person in your care needs a referral or other assistance and providing timely transportation to health-related services.

Sexual Orientation, Gender Identity, and Expression

All young people in foster care have the right to all the same services and benefits, regardless of sexual orientation, gender identity and expression. Those in foster care have the right to be in a placement that properly provides for and appropriately accommodates their gender identity, sexual orientation and expression.

As a resource parent, you should call the young person in your care by their chosen name and pronoun, and allow them to freely express their gender identity through clothing and other means. They are also entitled to gender-affirming medical and behavioral health services. As a resource parent, you should make them aware of that right. Your resource family training should include information and resources regarding how to fulfill a young person's right to gender identity, sexual orientation and expression.

Emotional and Mental Health Needs & Rights

You are so important in meeting the emotional needs of the child who is placed with you and helping them recover from traumatic events. Simply being separated from a parent is traumatic, even when separation is necessary and in the best interest of the child. Children who enter foster care may have experienced abuse, abandonment, neglect or family violence. The child may be confused, sad or angry. The child may continue to experience the effects of trauma for a long time following the traumatic incident. They may experience depression or show signs of anxiety.

Common reactions to trauma include changes in behavior, eating and sleeping habits, aches and pains, difficulties at school and with friends. Not every child reacts in the same way. Reactions may vary depending on the age, personal history and developmental level of the child. The child may need therapeutic services like counseling to help them overcome the effects of trauma. If you notice changes in the child's behavior at school or at home that concern you, reach out to the child's caseworker, probation officer, attorney or Court Appointed Special Advocate (CASA) for help and referrals.

Psychotropic medication may be prescribed where appropriate. All children in foster care in California are entitled to appropriate mental health services. You can help them understand their mental health needs, including any diagnosis, recommended treatment, and medication if prescribed. Young people in foster care have a right to be informed of the effects of any recommended medication, and to disagree with recommended treatment. Consult an advocacy organizations for a referral to a mental health resource. See [A35](#) for a list of such organizations.

You can help a child recovering from trauma or struggling with mental health conditions such as depression by making sure they continue activities they enjoy, like sports, music and visiting friends. Be patient, empathetic and available as the child heals.

Seek opportunities to care for yourself as well. Children who are traumatized may display behaviors that are unusual and challenging. The child's caseworker, probation officer, or local foster family agency may be able to refer you to support groups, specialized trauma-informed parenting classes and other services for foster parents.

Medical Care for Children in Foster Care

All children in foster care are entitled to Medi-Cal coverage including medical, dental, vision, medication, mental health services and substance abuse treatment. The caseworker or probation officer can help you obtain a Medi-Cal card for the child and provide referrals for pediatricians, therapists and other health care providers. The caseworker or probation officer should share copies of the child's birth certificate and medical insurance information with you at the time of placement. The caseworker or probation officer should also provide you with a form that grants you permission to take the child to the doctor and dentist.

Young adults who had an open foster care case at age 18 are eligible for Medi-Cal until age 26 regardless of their income.

Children who have developmental delays or certain disabilities can also get services from a Regional Center. To qualify, the child must have one of the specific conditions covered by Regional Center: intellectual disability, epilepsy, cerebral palsy, autism, and/or a disabling condition found to be closely related to intellectual disability or requiring treatment similar to that required for intellectual disability.

Child Care Supports

Emergency Child Care Bridge Program

High quality child care plays an important role in a child's development and it can help a child heal from trauma. There will be times when you need to work or take care of other responsibilities and require help with childcare. It can be difficult to access high quality child care right away when a child in foster care enters your home unexpectedly. To address the gap between placement of a child in foster care and the time when childcare becomes available, California created the Emergency Child Care Bridge program.

There are three components to the bridge program: child care vouchers, child care navigators and trauma-informed care training.

The Emergency Child Care Bridge program allows counties to provide vouchers to eligible families, including resource families, emergency caregivers, and parenting teenagers or young adults in foster care. The vouchers help provide childcare for children up to age 12, and those with exceptional needs or severe disabilities up to age 21. The vouchers can be paid for six months and can be extended for an additional six months.

Not all counties offer the Emergency Child Care Bridge program. Ask your child's caseworker or probation officer whether your county provides emergency child care vouchers and what is required in order to receive a voucher. The local Child Care Resource and Referral Agency or a CA Department of Education Alternative Payment Program may also provide information about childcare options in your area.

The bridge program also provides a child care navigator to eligible families. The navigator is there to help you find a child care provider, secure long-term child care, complete necessary applications, and connect you with resources that can help you better care for the child.

In addition, the bridge program offers trauma informed training and coaching to child care providers to help them address the needs of children overcoming trauma.

Temporary Child Care

As a resource parent, you may allow another person to provide temporary child care for up to 24 hours at a time in your home without that individual being approved by the county agency or completing a background check.

Respite Care

Respite care allows you to take a short, temporary break. Respite means temporary care outside of the home of the resource family where the child is placed for a period longer than 24 hours. Respite care may be provided by a licensed or certified foster family home, an approved home of a relative or non-related extended family member, an approved resource family, or a respite care provider certified by the county. Respite care generally may not exceed 72 hours. However, respite care may be extended up to 14 days in any one month if necessary in order to allow the child to continue placement with you.

In most cases, if the child is going to be placed in respite care outside of your home, both your home and the respite caregiver's home need to be approved under RFA. If the respite caregiver will be caring for the child in your home, the respite caregiver must undergo a Livescan background check. When the need for respite care is unanticipated and the proposed respite caregiver is a relative or extended family member who has an established relationship with the child, only a background check is required.

Let your child's caseworker or probation officer know as soon as you anticipate the need for respite care to allow time to make arrangements that meet the requirements.

Visits With Family Members

You are likely to be involved in visits between the child and the child's relatives, including birth parents. In general, you are expected to use your best judgment in helping the child manage visits with relatives. While the court is determining where the child will live, the child's family members may have questions regarding the child and the foster care case. You may wish to refer such questions to the child's caseworker or probation officer rather than answer them yourself.

The court will often order visitation between the child and one or both birth parents to promote family reunification. The court will decide whether such visits should be supervised or whether they may be unsupervised. The child's caseworker or probation officer should tell you what the court has ordered and how to comply. The court may also require phone calls between the child and one or both birth parents, and between any siblings who are not placed together. You may be asked to transport the child to visits and to supervise visits.

Visits with the people the child cares about can help the child feel more secure. It is especially important to support contact with siblings to help the child understand that such relationships are still intact, even though the children may not be living together in the same home.

Birth parents or other relatives who are not court-approved for visits may attempt to visit the child unexpectedly at your home. If that happens, ask the child's caseworker or probation officer for guidance and try to avoid any disturbance that may distress the child.

Participation In Case Decisions

Resource parents and emergency caregivers have the right to attend all court hearings and provide information to the court. See [A10](#) for the Caregiver Information Form, or ask to speak during court hearings.

Resource parents and emergency caregivers must be included in the Child and Family Team (CFT) to help make decisions about the child's case. Below is a basic overview of the CFT.

Child and Family Team (CFT)

Who: The CFT includes representatives from the child welfare agency, the child, the resource parent or emergency caregiver, the birth parent(s), and others who are an important source of support for the child and the family. This may include school staff, friends, coaches, other relatives, counsellors or therapists, and more. **Note:** The child, the resource parent or emergency caregiver, and the birth parent(s) are required participants in a CFT, though exceptions are permitted where applicable and necessary.

What: The role of the CFT is to develop a child and family-centered case plan. In addition, the CFT is a way for the family to identify their goals for the child. As a group, participants in the CFT will discuss the best placement for the child, as well as supports and services to help the child.

Where: The meeting should be at a location that is convenient for the family and other participants. A CFT might meet at the resource parent's home or somewhere else that allows team members to participate. It is possible to participate in a CFT by phone or video conferencing.

When: A CFT meeting must be held within the first 60 days of a child coming into foster care. CFT meetings must be held at least once every six months, or every 90 days if the child is receiving Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), or Therapeutic Foster Care (TFC). CFT meetings continue as long as the child remains in foster care. The child welfare agency is in charge of organizing a CFT meeting.

A CFT meeting should be held anytime a placement change has been proposed for the child.

Note: The above are minimum requirements for CFT meetings. The frequency of CFT meetings should be driven by the needs and preferences of the child and family.

Your participation in the CFT meeting is very important. The meeting gives you a chance to share your perspective on the child's needs and to request any support you feel that you require in order to care for the child. CFT meetings should be scheduled as needed to support you and the child. If the CFT meeting is not happening as it should, and the caseworker or probation officer is not able to help, contact one of the advocacy organizations in the appendix of this toolkit (see [A35](#)).

Appealing RFA Denial or Inadequate Funding

If your RFA application is denied or rescinded, you have a right to a state hearing and other forms of due process. In addition, if you believe the child was assessed at the incorrect level of care, wrongly denied supplemental funding, or if you were denied emergency caregiver funding, you have a right to a fair hearing to challenge these decisions.

The child welfare agency or probation department must provide you with a written document known as a “Notice of Action” (see [A46](#) in the appendix for an example) informing you of the county’s action or intended action affecting funding/home approval. If you disagree with the Notice of Action, or if you have been unable to obtain a written notice of denial, you have the right to appeal. You may do so by requesting an administrative fair hearing.

If you choose to appeal the county’s action, you must submit a written appeal to the county address listed in the Notice of Action within 25 days from the date the notice was personally served or within 30 days if the Notice of Action was served by mail. This date will be specified in subsection (a) of the Notice of Action.

If you receive a Notice of Action and choose to appeal the county’s action, you must appeal within 90 days from the date the notice was personally served or mailed. This date will be specified in subsection (a) of the Notice of Action. There are three options to appeal a Notice of Action:

- submit a written appeal to the county welfare department address listed in the Notice of Action
- call the State Hearings Division toll free number: (800) 743-8525 or (855) 795-0634 to make an initial hearing request
- call the Public Inquiry and Response toll free number: (800) 952-5253 to modify/postpone an existing hearing request
- request a hearing online by going to <https://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx>

The reasoning on the Notice of Action will determine whether you appear before an administrative law judge at the State Hearings Division or an administrative law judge at the Office of Administrative Hearings. See [A120](#) in this toolkit for step-by-step information about how to request a state hearing.

Helpful tips regarding the appeal process:

- You may file for a fair hearing by mailing a written request to the address provided on the Notice of Appeal, or by calling the toll free number above.
- State the reason(s) for appealing the decision. You will receive a confirmation within a week or two by mail. It is important to keep a copy of this confirmation.
- While waiting for the state to schedule a hearing date and time, the case will be assigned to a State Hearing Specialist. Please note that the State Hearing Specialist represents the county, the opposing party in the case. The State Hearing Specialist should not dissuade you from continuing with the hearing process. The administrative law judge works for the State of California and is a neutral fact-finder.
- At the fair hearing, the county will need to prove that its determination is correct. You should bring all supporting documentation relevant to the issue.

A Final Note

Congratulations on your decision to step up and become a resource family for a young person in foster care! What you are doing is so important. The love and stability you provide for a child will help them recover and thrive as they grow into adulthood.

Once you are approved as a resource parent, you will receive the RFA Certificate (RFA-05A). See [A81](#) in the appendix of this toolkit for an example.

Please contact one of the legal resources included in the appendix ([A35](#)) if you need help with the RFA process. You will also find forms and guidelines in the appendix to support you throughout the approval process.

Foster care is meant to be temporary. If the child cannot return to the care of a birth parent, the child welfare agency will look for a permanent alternative for the child. These alternatives may include legal guardianship or adoption. See section [A118](#) and [A119](#) in the appendix for information about these options.

For a young person who is nearing the age of 18, extended foster care may also be an option, to support them until they reach 21. For more about extended foster care, visit knowb4ugo.org.

You are doing something vitally important, which will create a brighter future for a deserving young person. On behalf of all of us interested in the future of California's children, thank you!



Appendix



VERSION 2.0
January 2019



A project of The Step Up Coalition
Powered by the Alliance for Children's Rights

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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.

24 Hour Response



These events may be fluid.

As the relative of a child who has been removed from the home, you may give written information to the court about the child at any time on this form or in a letter. After filling out this form, give it to the clerk of the court.

Please note that other people involved in the case, including the parents, will see your answers on this form. If you prefer to keep your contact information private, fill out the *Confidential Information* (form JV-287) and do not write your address or telephone number below.

① Your name: _____
Your address: _____

Your telephone number: _____

☐ Check here if contact information is confidential and form JV-287 is attached.

② Your relation to the child: ☐ maternal ☐ paternal
☐ grandparent ☐ brother/sister ☐ aunt/uncle ☐ cousin
☐ family friend
☐ tribal extended family member
☐ other (specify): _____

③ Child's name: _____

④ ☐ I would like to talk to the judge at the next court hearing.

Please fill in as much of the following information as you know. If you need more space to respond to any section on this form, attach additional pages as needed and check the box at item 12.

⑤ Information about the child's medical, dental, and general physical health:

⑥ Information about the child's emotional and behavioral health:

⑦ Information about the child's education:

⑧ Other information that might be helpful to the court:

Clerk stamps date here when form is filed.

Social worker fills in court name and street address:

Superior Court of California, County of _____

Social worker fills in child's name and date of birth:

Child's Name: _____

Date of Birth: _____

Social worker fills in case number:

Case Number: _____

Child's name: _____

Below are some things you might do to help the child. You can pick some or none of the things listed below. It is up to the social worker and the court whether you will be asked to do these things.

9 I want to

- | | |
|---|--|
| <input type="checkbox"/> telephone the child. | <input type="checkbox"/> take the child to visits with parents. |
| <input type="checkbox"/> write letters to the child. | <input type="checkbox"/> take the child to medical appointments |
| <input type="checkbox"/> take the child on outings. | <input type="checkbox"/> supervise the child during visits with brothers or sisters. |
| <input type="checkbox"/> take the child to/from school. | <input type="checkbox"/> watch the child after school. |
| <input type="checkbox"/> take the child to visits with brothers or sisters. | <input type="checkbox"/> have the child live with me. |
| <input type="checkbox"/> take the child to therapy. | <input type="checkbox"/> other (describe): _____ |
| <input type="checkbox"/> take the child to family gatherings. | _____ |
| <input type="checkbox"/> help the social worker make a case plan for the child. | _____ |


You can also help the parents. For example, you might help with transportation, housing, visits, or child care. It is up to the social worker and the court whether you will be asked to do these things.

10 I want to help the ☐ father ☐ mother
(Describe): _____
_____**11** Other relatives who might be able to help the child:

- a. Name: _____ Relationship to child: _____
Contact information: _____
or ☐ I want to keep the contact information confidential and ask that the child's social worker get this information from me.
- b. Name: _____ Relationship to child: _____
Contact information: _____
or ☐ I want to keep the contact information confidential and ask that the child's social worker get this information from me.
- c. Name: _____ Relationship to child: _____
Contact information: _____
or ☐ I want to keep the contact information confidential and ask that the child's social worker get this information from me.

12 ☐ If you need more space to respond to any section on this form, please check this box and attach additional pages.
Number of pages attached: _____

Date: _____

Type or print your name _____
Sign your name

| | |
|---|--------------------|
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | FOR COURT USE ONLY |
| CHILD'S NAME: HEARING DATE AND TIME: | |
| CAREGIVER INFORMATION FORM | CASE NUMBER: |

To the current caregiver, preadoptive parent, community care facility, or foster family agency caring for the child: You may submit written information to the court and you may attend review and permanency hearings. You may use this optional form to provide written information to the court. Please type or print clearly in ink and submit the original and eight copies of the form to the court clerk's office at least five calendar days (or seven calendar days if filing by mail) before the hearing. Be aware that other individuals involved in the case have access to this information. See form JV-290-INFO for instructions on how to complete this form and file it with the court.

1. a. Child's name:
 b. Child's date of birth: c. Child's age:
2. **Caregiver Information** *(Answer only if you are a caregiver, skip #3.):*
 - a. Name of caregiver:
 - b. Type of caregiver: ☐ Foster parent ☐ Relative ☐ Legal guardian ☐ Preadoptive parent
☐ Nonrelative extended family member ☐ Other (specify):
 - c. The child has been living in my home for (specify): years months.
3. **Agency or Facility Information** *(Answer only if you are an Agency or Facility, skip #2.):*
 - a. Name of agency or facility:
 - b. Address:
 - c. Telephone number:
 - d. Type of facility: ☐ Foster family agency ☐ Community care agency ☐ Other (specify):
 - e. The child has been placed with our agency/facility for (specify): years months, and in the current home for (specify): years months.
 - f. Name of person completing form: Title:
 - g. Hours per week the person completing this form spends with the child (specify): hours/week.
 - h. The information on this form consists of
 - (1) ☐ the observations and recommendations of the person filling out this form.
 - (2) ☐ the observations and recommendations of a group or team made up of the following individuals (specify):
4. **Current Status of Child's Medical, Dental, and General Physical and Emotional Health**
 - a. ☐ There is no new or additional information since the last court hearing.
 - b. ☐ There is new or additional information since the last court hearing, as follows *(do not include the names of doctors):*

| | |
|---------------|--------------|
| CHILD'S NAME: | CASE NUMBER: |
|---------------|--------------|

5. Current Status of Child's Education

- a. ☐ There is no new or additional information since the last court hearing.
- b. ☐ There is new or additional information since the last court hearing, as follows (*do not include the names of schools*):

6. Child's Special Education Status

- a. ☐ The child is a special education student. Date of last Individualized Education Plan (IEP):
- b. ☐ The child is not a special education student.
- c. ☐ I do not know the child's special education status.

7. Current Status of Child's Adjustment to Living Arrangement

- a. ☐ There is no new or additional information since the last court hearing.
- b. ☐ There is new or additional information since the last court hearing, as follows:

8. Current Status of Child's Social Skills and Peer Relationships

- a. ☐ There is no new or additional information since the last court hearing.
- b. ☐ There is new or additional information since the last court hearing, as follows:

9. Current Status of Child's Special Interests and Activities

- a. ☐ There is no new or additional information since the last court hearing.
- b. ☐ There is new or additional information since the last court hearing, as follows:

10. Other Helpful Information

- a. ☐ There is no new or additional information since the last court hearing.
- b. ☐ There is new or additional information since the last court hearing, as follows:

11. Recommendation for Disposition (*Outcome*)

- a. ☐ I have no recommendation for disposition (*outcome*).
- b. ☐ I am recommending the following disposition (*outcome*):

12. ☐ If you need more space to respond to any section on this form, please check this box and attach additional pages.
Number of pages attached: _____

Date:

(TYPE OR PRINT NAME)

▶

(SIGNATURE OF CAREGIVER OR FACILITY/AGENCY STAFF PERSON
WHO HAS COMPLETED THIS FORM)

This form is used to keep contact information confidential. It may be used along with any Judicial Council Juvenile Court form, including *Request to Change Court Order* (form JV-180), *Application and Affidavit for Restraining Order* (form JV-245), *Relative Information* (form JV-285), *Caregiver Information Form* (form JV-290), and *De Facto Parent Request* (form JV-295).

You do not need to fill out this entire form, only the information that you know.

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in child's name and date of birth:

Child's Name:

Date of Birth:

Clerk fills in case number when form is filed:

Case Number:

1 Your name: _____

Your telephone number: _____

Your address: _____

2 Child's name: _____

Child's telephone number, if known: _____

Child's address, if known: _____

3 If known:

Child's Indian custodian, if any (*name each*): _____

Custodian's telephone number: _____

Custodian's address: _____

4 If known:

Child's caregiver (*name each*): _____

Caregiver's telephone number: _____

Caregiver's address: _____

A Guide to Acronyms & Abbreviations

| | | | |
|-----------------|--|---------------|--|
| AAP | Adoption Assistance Program <i>Financial assistance paid to families on behalf of adopted children</i> | CASA | Treatment |
| AB | Assembly Bill <i>Legislation proposed in the State Assembly</i> | CAT | Court Appointed Special Advocate |
| ACF | Administration for Children and Families <i>A division of the US Department of Health & Human Services responsible for federal programs that promote the economic and social well-being of families, children, individuals and communities.</i> | CBHDA | Comprehensive Assessment Tool |
| ACIN | All County Information Notice <i>Formal communication from CDSS to counties. Provides information.</i> | CCF | County Behavioral Health Directors Association |
| ACL | All County Letter <i>Formal communication from CDSS to counties. Provides instructions, requirements, etc.</i> | CCLD | Community Care Facility |
| ACYF | Administration on Children, Youth, & Families <i>Part of the ACF (see above)</i> | CCR | Community Care Licensing Division |
| AFCARS | Adoption & Foster Care Analysis & Reporting System <i>Federal data set on all children in foster care. States required to submit data twice per year.</i> | C-CFSR | Continuum of Care Reform |
| AFDC-FC | Aid to Families with Dependent Children-Foster Care | CDAD | California Child & Family Services Review |
| AOC | Administrative Office of the Courts/Judicial Council | CDSS | Contracts Development & Administrative Division |
| APSR | Annual Progress & Services Report <i>Provides annual updates to federal government in two areas: (1) progress made during previous fiscal year toward accomplishing goals & objectives that are contained within a state's Child and Family Services Plan; (2) planned activities for coming fiscal year.</i> | CFPIC | California Department of Social Services |
| ARC | Approved Relative Caregiver | CFSD | Child & Family Policy Institute of California |
| CalSWEC | California Social Work Education Center | CFSP | Children & Family Services Division |
| CalWORKs | California Work Opportunity & Responsibility to Kids | CFSR | Child & Family Services Plan <i>Five-year strategic plan required by the federal government that describes a state's vision and goals to improve the overall child welfare system.</i> |
| CACI | Child Abuse Central Index | CFT | Child & Family Services Review <i>Periodic reviews of state child welfare systems conducted by the federal government</i> |
| CALPADS | California Longitudinal Pupil Achievement Data System | CFH | Child & Family Team |
| CAP | Child Welfare Waiver Demonstration Capped Allocation Project <i>Project that provides participating counties a fixed amount of federal funds that are used flexibly to provide services to children & families regardless of their federal eligibility status. These funds are otherwise restricted to supporting only board and care costs for federally-eligible children in out of home care.</i> | CFL | Certified Family Home |
| CAPP | California Partners for Permanency | CHDP | County Fiscal Letter |
| CAPC | Child Abuse Prevention Councils | CMS | Child Health & Disability Prevention |
| CAPIT | Child Abuse Prevention Intervention & | CNI | Centers for Medicare & Medicaid Services |
| | | CPD | California Necessities Index |
| | | CPM | County Probation Department |
| | | CPFSB | Core Practice Model |
| | | CPOC | Child Protection & Family Support Branch |
| | | CQI | Chief Probation Officers of California |
| | | CRC | Continuous Quality Improvement |
| | | CSEC | Children's Research Center |
| | | CSOE | Commercial Sexual Exploitation of Children |
| | | CTF | Children Services Operations & Evaluation Branch |
| | | CWC | Community Treatment Facilities |
| | | CWDA | Child Welfare Council |
| | | CWD | County Welfare Directors Association <i>Organization representing the welfare directors of all 58 counties.</i> |
| | | CWDAB | Child Welfare Department |
| | | CWIP | Child Welfare Data Analysis Bureau |
| | | CWS | Child Welfare Improvement Project |
| | | | Child Welfare Services |

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A Guide to Acronyms & Abbreviations

| | | | |
|--|--|------------------|--|
| CWS/CMS | Child Welfare Services/Case Management System <i>California's automated system used for case management, services planning, and information gathering for child welfare.</i> | HBFC | Home-Based Family Care |
| CY | Calendar Year | HCPFCF | Health Care Program for Children in Foster Care |
| DCFS | Department of Children & Family Services | HIPAA | Health Insurance Portability & Accountability Act |
| DHCS | Department of Health Care Services | HSC | Health and Safety Code |
| DDS | Department of Developmental Services | ICAMA | Interstate Compact on Adoption & Medical Assistance |
| DMH | Department of Mental Health | ICC | Intensive Care Coordination |
| DOJ | Department of Justice | ICPC | Interstate Compact on the Placement of Children |
| DR | Differential Response <i>Program that provides child welfare agencies ability to respond to reports of abuse or neglect in multiple ways according to level of risk.</i> | ICWA | Indian Child Welfare Act |
| DV | Domestic Violence | IFCCS | Intensive Field Capable Clinical Services |
| EPSDT | Early & Periodic Screening, Diagnosis, & Treatment | IHBS | Intensive Home Based Services |
| ER | Emergency Response | ILP | Independent Living Program |
| EYS | Emancipated Youth Stipend | IPP | Individual Program Plan |
| FFA | Foster Family Agency <i>Community based non profit organizations licensed by CDSS to provide foster care</i> | ITFC | Intensive Treatment Foster Care <i>Program for children in foster care who have intense mental health needs. Eligible children are placed with foster families who receive specialized training and support on caring for children with special needs.</i> |
| FFA/NT | Foster Family Agency/Non-Treatment | KinGAP | Kinship Guardianship Assistance Payment Program |
| FFA/T | Foster Family Agency/Treatment | KSSP | Kinship Support Services Program |
| FFE | Family Finding & Engagement | LAARS | Legal Administration Action Records System |
| F2F | Family to Family | LIS | Licensing Information System |
| FFH | Foster Family Home | LMHP | Licensed Mental Health Professional |
| FFP | Federal Financial Participation <i>Amount of federal funds that support specific programs</i> | LOC | Level Of Care |
| FFY | Federal Fiscal Year <i>October 1 - September 30</i> | LPHA | Licensed Practitioner of the Healing Arts |
| FM | Family Maintenance <i>Time-limited protective services for families where social workers work with the family and the child remains in the home</i> | LRF | Local Revenue Fund |
| FPRS | Foster Parent Recruitment, Retention, & Support | MCP | Managed Care Plan |
| FR | Family Reunification <i>Process of returning children in temporary out of home care to their family of origin</i> | MHP | Mental Health Plan |
| FRC | Family Resource Centers | MHSA | Mental Health Services Act |
| FSP | Full Service Partnerships | MHSUDS | Mental Health & Substance Use Disorder Services |
| FY | Fiscal Year | MOU | Memorandum of Understanding |
| FYS | Foster Youth Services | MPP | Manual of Policies & Procedures <i>Collection of regulations and statutes that govern social services programs</i> |
| GF | General Fund | MTFC | Multi-Dimensional Treatment Foster Care |
| GH | Group Home | NMD | Non-Minor Dependent |
| stepupforkin.org/rfatoolkit | | NOA or NA | Notice of Action |
| | | NPEES | National Plan & Provider Enumeration System |
| | | NPI | National Provider Identifier |
| | | NRC | National Resource Center |
| | | NREFM | Non-Related Extended Family Members |

A Guide to Acronyms & Abbreviations

| | | | |
|------------|---|------------|--|
| NRLGs | Non-Related Legal Guardians | SD/MC | Short/Doyle Medi-Cal |
| NTI Health | National Adoption Competency Mental Training Initiative | FY | State Fiscal Year <i>July 1 – June 30</i> |
| NYTD | National Youth in Transition Database | SGF | State General Fund |
| OA | Outcomes & Accountability Bureau (in CFSD) | SILP | Supervised Independent Living Placement |
| OCAP | Office of Child Abuse Prevention Bureau (in CFSD) | SIP | System Improvement Plan |
| OOC | Out Of County | SIT | State Interagency Team |
| OOS | Out Of State | SKCP | Safe Kids California Project |
| OYA | Older Youth Adoptions Pilot Program | SMHS | Specialty Mental Health Service |
| PFAR | Provider File Adjustment Request | SOP | Safety Organized Practice |
| PIP | Program Improvement Plan | SPA | State Plan Amendment |
| PL | Public Law <i>Federal law. Acts of Congress that relate to the general public.</i> | SSB | Safely Surrendered Babies |
| PP | Permanent Placement | STAR | Successful Transitions to Adult Readiness |
| PQCR | Peer Quality Case Reviews | STEC | Statewide Training & Education Committee |
| PSB | Provider Support Bureau | STRTC | Short-Term Residential Treatment Center |
| PSSF | Promoting Safe & Stable Families Act | STRTP | Short Term Residential Treatment Program |
| QA | Quality Assurance | T/TA | Training and Technical Assistance |
| QIP | Quality Improvement Project | TANF | Temporary Assistance for Needy Families |
| QPI | Quality Parenting Initiative | TAY | Transitional Age Youth |
| RBS | Residentially Based Services <i>Pilot program in four California counties that provides short-term intensive treatment, combined with community-based services that focus on transitions from group care to family settings. Intended to decrease reliance on group home care for children with intensive needs.</i> | TB | Tuberculosis |
| RCAPC | Regional Child Abuse Coalition | TCA | Tribal Customary Adoptions |
| RCL | Rate Classification Level <i>A point system for group homes used to identify the level or intensity of care and supervision a child will receive.</i> | TDM | Team Decision Making |
| RCFFP | Resource Center for Family-Focused Practice | TFC | Therapeutic Foster Care |
| RFA | Resource Family Approval | THPP | Transitional Housing Placement Program (ages 16-18) |
| RFA | Request for Application | THP-Plus | Transitional Housing Placement Plus Program (ages 18-24) |
| RFP | Request for Proposal | TILP | Transitional Independent Living Program |
| RP | Resource Parent | TLFR | Time-Limited Family Reunification |
| RTAs | Regional Training Academies | TOP | Treatment Outcomes Package |
| SB | Senate Bill <i>Legislation proposed in the State Senate</i> | TPR | Termination of Parental Rights |
| SCI | Specialized Care Increment | TSCF | Temporary Shelter Care Facility |
| SCP | Substitute Care Provider <i>Adults who agree to provide substitute care for a child in their homes, either short or long term</i> | WIC or WIC | Welfare & Institutions Code |
| SDM | Structured Decision Making | YEP | Youth Engagement Project |
| | | YSS | Youth Services Survey |
| | | YSS-F | Youth Services Survey Families |

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Important Telephone Numbers and Addresses Tracking Tool

Medical or Fire Emergencies: 911

Poison Control: 800-222-1222

Partnership Health Plan Member Services: 800-863-4155

CPS Hotline: _____

| | |
|--|--|
| RFA Worker: | |
| Phone: | |
| Social Worker: | |
| Phone: | |
| Social Worker Supervisor: | |
| Phone: | |
| Kinship/Foster Parent Mentor: | |
| Phone: | |
| CASA (Court Appointed Special Advocate): | |
| Phone: | |
| Child's Attorney: | |
| Phone: | |
| Child Care Resource & Referral: | |
| Phone: | |
| Child's Birth Parents: | |
| Address: | |
| Phone: | |
| Other Relative: | |
| Address: | |
| Phone: | |
| Child's Physician: | |
| Address: | |
| Phone: | |
| Child's Hospital: | |
| Address: | |
| Phone: | |
| Child's Therapist: | |
| Address: | |
| Phone: | |
| Child's Dentist: | |
| Address: | |
| Phone: | |
| Child's School: | |
| Teacher: | |
| Address: | |
| Phone: | |

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This form can be used to ask the court to change an order, to ask the court to dismiss your case, to ask the court to terminate reunification services, or to ask the court to recognize your relationship with your sister or brother. After filling out this form, take it to the clerk of the court.

Clerk stamps date here when form is filed.

1 Your information:

a. I am the:

- ☐ child or youth ☐ mother ☐ father ☐ legal guardian
☐ foster parent ☐ sibling or other relative (specify): _____
☐ social worker ☐ probation officer ☐ attorney
☐ other _____

b. My name: _____

c. My address: _____

d. My city, state, zip code: _____

e. My telephone number: _____

f. If you are an attorney:

My client's name: _____

My client's address (if confidential, see item 3): _____

My client's relationship to the child or youth: _____

My State Bar number: _____

Fill in court name and street address:

Superior Court of California, County of

Fill in child's name and date of birth:

Name of Child or Youth:

Clerk fills in case number when form is filed.

Case Number:

2 Type of request (check the appropriate box below and add specific details in items 6–9, as applicable):

- a. ☐ I am asking the court to change an order.
 b. ☐ I am asking the court to terminate its jurisdiction.
 c. ☐ I am asking the court to terminate reunification services.
 d. ☐ I am asking the court to recognize my relationship with my brother or sister.
 (1) I am related to him or her ☐ on our mother's side ☐ on our father's side.
 (2) I am related to him or her ☐ by blood or adoption ☐ by marriage.

3 If you want to keep your address or your client's address confidential, fill out Confidential Information (Request to Change Court Order) (form JV-182) and do not write the address on this form.

☐ Check here if form JV-182 is attached.

4 Child's or youth's information:

a. Name: _____

b. Date of birth: _____

c. Attorney (if known): _____

d. The child or youth lives with or in a (check all that apply):

- ☐ parent ☐ legal guardian ☐ relative
☐ foster home ☐ group home ☐ I don't know

e. Name of the person the child or youth lives with or the place where he or she lives: _____

Address: _____

☐ Check here if unknown.



Name of child or youth: _____

Case Number: _____

5 Information about parents, legal guardians, and others:

a. Names of parents or legal guardians: _____

☐ *Check here if unknown.*

b. Address of parent/legal guardian: _____

☐ *Check here if unknown.*

c. Address of parent/legal guardian: _____

☐ *Check here if unknown.*

d. Indian tribe (if applicable and known): _____

e. CASA volunteer (if applicable and known): _____

f. Educational rights holder (if applicable and known): _____

g. Social worker or probation officer (if applicable and known): _____

If you are asking the court to recognize your relationship with your brother or sister but not asking the court to change an order, you may skip to item 8.

6 On (date, if known): _____ the judge made the following order that I think should be changed:

7 What has happened since that order that might change the judge's mind? *(Give new information that the judge did not have when the order was made):*

8 What new order or orders do you want the judge to make now?

9 Why would the requested order or action be better for the child or youth?

10 ☐ *Check here if you need more space for any of the answers. Attach a sheet of paper and write "JV-180" at the top of the page.* Number of pages attached: _____



Name of child or youth: _____

Case Number: _____

- 11** I have had a copy of my request sent to the people listed below, as applicable. I have checked the correct box to the right of each name to show whether, as far as I know, that person agrees with my request.

If you do not have an attorney, the clerk will send notice and copies of your request to all persons required to receive notice under Welfare and Institutions Code sections 297 and 386 and rules 5.524 and 5.570 of the California Rules of Court.

| Name | Agree | Disagree | Don't Know | Not Applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Child (if 10 years old, or older) or youth: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child's or youth's attorney: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Legal guardian: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Legal guardian: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social worker: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Probation officer: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Current caregiver/foster parent: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preadoptive parent: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CASA volunteer: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Educational rights holder: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Indian tribe: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Indian custodian: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sibling (if petition filed & 10+ years old:) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sibling's caregiver: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sibling's attorney: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attorney for parent/legal guardian: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attorney for parent/legal guardian: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| County counsel: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| District attorney: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 12** You can ask the judge to make a decision without a court hearing if all the people named above agree with your request. Check here ☐ if you want a decision without a hearing.

- 13** If anyone disagrees with your request, please explain why (if known):

- 14** I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to the best of my knowledge.

Date: _____

Type or print name

U

Signature

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 PLACEMENT(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) |
|---------------|------------------------|--------|------------------------|-------------------|------------------------------|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

COUNTY OR AGENCY: _____

APPLICANT(S) : _____

APPLICATION #: _____

RESOURCE FAMILY BACKGROUND CHECKLIST

CONFIDENTIAL DOCUMENT - FOR COUNTY OR AGENCY USE ONLY

[illegible]

*For Emergent Placement Purposes Only — This information is not part of the Background Check process for Resource Family applicant(s)

**Inter-County Transfer

RFA 02 (7/16)
MANDATORY

Resource Family Criminal Background Checklist

APPLICANT(S) : _____

APPLICATION #: _____

RESOURCE FAMILY OUT-OF-STATE CHILD ABUSE REGISTRY CHECKLIST

CONFIDENTIAL DOCUMENT - FOR COUNTY OR AGENCY USE ONLY

| Applicant(s) | Resided Outside CA Within Last 5 Years | If Yes, Name of Other State(s) | Is Registry Maintained by Other State(s)? | If Yes, Date Requested Other State(s) Info | Date Received Other State(s) Info | Cleared (Date) | Not Cleared (Date) |
|-------------------------------------|--|--------------------------------|---|--|-----------------------------------|----------------|--------------------|
| | YES | NO | YES | NO | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Other Adult(s) Residing In The Home | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Adult(s) Regularly Present | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

OUT-OF-STATE CHILD ABUSE/NEGLECT REPORT REQUEST**ADAM WALSH CHILD PROTECTION AND SAFETY ACT OF 2006**

Additional child abuse/neglect check for persons who have lived out-of-state in the last five years. Complete one form for each prospective licensed, certified foster parent, or resource family and any person over the age of 18 residing in their household.

**DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING
CAREGIVER BACKGROUND CHECK BUREAU
744 P STREET, MS T9-15-62
SACRAMENTO, CA 95814**

REQUESTOR INFORMATION: FOR CBCB STAFF ONLY

NAME OF REQUESTOR

FAX

TELEPHONE NUMBER

EMAIL ADDRESS

*In addition to the California criminal background and child abuse central index checks, an applicant for resource family approval or a small family home license and any person over the age of 18 residing in the home of an applicant, resource family, licensed foster family home, certified family home, or small family home is subject to an out-of-state child abuse/neglect check if they have lived out-of-state within the last five years. **If you have lived out-of-state in the last five (5) years you must complete this form and sign below to authorize a check of the child abuse/neglect registry in that state in order to be licensed, approved or cleared to reside in the home.***

IDENTIFYING DATA (Please type or print information legibly in ink.)

INDIVIDUAL'S NAME (Last, First, MI, Jr., Sr., III)

TELEPHONE NUMBER

EMAIL ADDRESS

MAIDEN NAME

DATE OF BIRTH (MM/DD/YY)

STATE OF BIRTH

SEX

RACE

ALIAS NAME(S)

SOCIAL SECURITY NUMBER - See Privacy Statement On Page 2

DRIVER'S LICENSE NUMBER/STATE

ADDRESSES FOR PAST 5 YEARS

| STREET | CITY | STATE | STREET | CITY | STATE |
|--------|------|-------|--------|------|-------|
| | | | | | |
| | | | | | |
| | | | | | |

Has an allegation of child abuse or neglect ever been substantiated against you in this state or any state?

☐ YES (Complete below) ☐ NO, an allegation of child abuse or neglect has never been substantiated against me.

| DATE | CITY | STATE | COUNTY | CIRCUMSTANCES (Attach separate page, if necessary.) |
|------|------|-------|--------|---|
| | | | | |
| | | | | |

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the California Department of Social Services to check with state(s) and/or counties listed above to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF INDIVIDUAL (Required In Ink)

DATE

SIGNATURE OF WITNESS (Required In Ink)

DATE

RESPONDING STATE: (PLEASE RETURN BY FAX, MAIL OR EMAIL TO THE REQUESTOR LISTED ABOVE.)

The result of a name search in the State Child Abuse/Neglect Registry is as follows:

☐ The subject of the attached report MAY be the same as the subject of your inquiry.

REPORT DATE

REPORT NO.

LOCAL CONTACT

PHONE NUMBER/FAX

☐ No record on the above listed person.

☐ Too many possible matches to identify. See attached listing.

CONTACT NAME

AGENCY

TELEPHONE NUMBER

EMAIL

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 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 licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department 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 Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department 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.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if someone in a licensed facility has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.

RESOURCE FAMILY RISK ASSESSMENT

RESOURCE FAMILY INFORMATION

APPLICANT'S NAME: _____ DATE: _____

ASSIGNED SOCIAL WORKER: _____

RISK ASSESSMENT GUIDELINES

Prior to the approval of a Resource Family, the social worker shall complete a caregiver risk assessment; which, at a minimum, considers the components listed below. Results of the risk assessment shall be consistent with the factors listed in sections 16519.5(d)(1)(A-D) of the Welfare and Institutions Code (Welf. & Inst. Code).

The results of this risk assessment do not necessarily determine the final approval or disapproval of a potential resource family.

AREAS ASSESSED

| | |
|--|-----------|
| <input type="checkbox"/> Physical Health | Comments: |
| <input type="checkbox"/> Mental Health | Comments: |
| <input type="checkbox"/> Substance Use/Abuse | Comments: |
| <input type="checkbox"/> Family/Domestic Violence History | Comments: |

RESOURCE FAMILY RISK ASSESSMENT

Summary of Risk Assessment

- ☐ The following evaluation(s) are necessary for completion of the Resource Family Assessment Process.

- ☐ Based upon an assessment of the information obtained, there are no presenting risk factors at the time of assessment.

SOCIAL WORKER SIGNATURE: _____

MONTH/DAY/YEAR

SUPERVISOR SIGNATURE: _____

MONTH/DAY/YEAR

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

| | |
|--|----------------|
| Applicant Name: <i>(first, middle, last)</i> | Date of Birth: |
|--|----------------|

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: |
|--------------------|-------|

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: |
|----------------------|-------|

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

FOR COUNTY/AGENCY USE ONLY

County/Agency: _____
Address/Contact Information: _____

☐ Amended: _____
(Date Of Original Report)

RESOURCE FAMILY VISIT RECORD

Purpose of Form: This is to document a visit with the _____ Resource Family:
(Resource Family Name)

Occurred at ☐ Office: _____ (specific address)

☐ Home: _____ (specific address)

It is the intent of the RFA worker to conduct all interactions and communications with the Resource Family with courtesy and respect and to be minimally disruptive to the Resource Family and the children in their care while also ensuring that the home is a safe and nurturing placement.

Type of Visit: ☐ Corrective Action Plan (CAP) ☐ Annual Update ☐ Case Management

| | | | |
|--|--------|-----------|-------------------|
| RF NAME: | RF ID: | CAPACITY: | CENSUS: |
| ADDRESS (STREET, CITY, STATE, ZIP CODE): | | | TELEPHONE NUMBER: |

Met with _____ on _____ from _____ to _____
(Print Name) (Date) (Start Time) (End Time)

☐ Announced
☐ Unannounced

[illegible]

I acknowledge receipt of this report.*

| | | | |
|------------------------------------|----------------------|-------|-------------------|
| RF PRINTED NAME: | RF SIGNATURE: | DATE: | TELEPHONE NUMBER: |
| RF WORKER PRINTED NAME: | RF WORKER SIGNATURE: | DATE: | TELEPHONE NUMBER: |
| RF WORKER SUPERVISOR PRINTED NAME: | | | TELEPHONE NUMBER: |

* ☐ **RFA Worker:** Check this box if a Resource Family parent was not available to sign the report. Immediately mail the report by certified mail to the Resource Family address of record.

RESOURCE FAMILY VISIT RECORD – The RFA 809 is to be used to document all visits or meetings conducted between a Resource Family, other individuals residing in the home, and the County. Care should be taken not to disclose personal or confidential information. If you have any questions regarding these records, please contact the Resource Family worker at the address and telephone number listed on the front.

ANNUAL UPDATE VISITS – shall begin no sooner than 60 days prior to the anniversary date of the Resource Family approval and shall be completed no later than 30 days after. The Resource Family worker shall update the approval of a Resource Family by using form RFA 06: Resource Family Written Update Report or an equivalent form.

CORRECTIVE ACTION PLAN VISIT – is a plan developed by the County which describes how the Resource Family is not meeting the requirements of one or more of the Written Directives or any applicable law, and the steps the Resource Family and the County will take to ensure that the Resource Family meets the requirements of the Written Directives or any applicable law. The County is encouraged to request input from the Resource Family in developing a Corrective Action Plan (CAP). A Corrective Action Plan visit can also be made to determine if those deficiencies previously identified in a CAP have been corrected. The CAP will be documented on the RFA 809C.

CASE MANAGEMENT VISITS – are made for the following reasons: (1) The Resource Family requests a visit to consult with the Resource Family worker or to provide supportive services to the family, (2) There are concerns regarding the Resource Family that the Resource Family worker needs to discuss with the Resource Family or other individual(s) residing in the home, (3) During a complaint investigation, additional deficiencies were observed, and (4) Other.

CENSUS – The number of children or nonminor dependents a Resource Family has under their care at the time of the visit.

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

Clccal.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

Tipping Point Community (San Francisco)

(415) 348 1240

Tippingpoint.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

Clccal.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

Drlcenter.org

Special Education; Disability related legal issues; Inland Empire advocacy

Los Angeles Center for Law & Justice

(323) 980-3500

Lacjl.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. (LADL)

(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

Lafla.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

Nlsa.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 426

111 North Hill Street, Los Angeles, 90012

| Los Angeles Relative Support Services Providers (RSS) DCFS Contracted Agencies | | |
|--|---|--|
| SPA - RSS Agency | Address and Referral Number | Zip Code Service Area |
| SPA 1 Antelope Valley Partners For Health | 44226 10th St. West, Lancaster, CA 93534 (661) 942-4719 Ext. 142 | 93243, 93523, 93532, 93534, 93535, 93536 |
| SPA 1 Children Center Of The Antelope Valley | 45111 Fern Ave., Lancaster, CA 93534 (661) 949-1206 | 93510, 93543, 93544, 93550, 93551, 93552, 93553, 93563, 93591 |
| SPA 2 Friends Of The Family | 16861 Parthenia St., North Hills, CA 91343 (818) 988-4430 | 91040, 91042, 91331, 91352, 91401, 91402, 91403, 91405, 91411, 91423, 91601, 91602, 91604, 91605, 91606, 91607, 91608, 90290, 91301, 91302, 91303, 91304, 91306, 91307, 91311, 91316, 91324, 91325, 91326, 91330, 91335, 91356, 91361, 91362, 91364, 91367, 91406, 91436 |
| SPA 2 Penny Lane Centers | 10526 Dubnoff Way, North Hollywood, CA 91606 (818) 894-3384 | 91321, 91340, 91342, 91343, 91344, 91345, 91350, 91351, 91354, 91355, 91381, 91382, 91384, 91387, 91390 |
| SPA 3 Foothill Family Services | 1801 Huntington Drive, Duarte, CA 91010 (626) 993-3000 | 91711, 91750, 91765, 91766, 91767, 91768, 91773, 91731, 91732, 91733, 91745, 91702, 91706, 91722, 91723, 91724, 91740, 91741, 91744, 91746, 91748, 91789, 91790, 91791, 91792, 90032, 90041, 90042, 90065, 91001, 91006, 91007, 91010, 91011, 91016, 91020, 91023, 91024, 91030, 91046, 91101, 91104, 91105, 91106, 91107, 91108, 91125, 91126, 91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208, 91210, 91214, 91501, 91502, 91504, 91505, 91506, 91521, 91522, 91523, 91754, 91755, 91770, 91775, 91776, 91780, 91801, 91803 |
| SPA 4 Children's Bureau | 3910 Oakwood Ave., Los Angeles, CA 90004 (323) 953-7350 Ext. 451 | 90004, 90005, 90006, 90010, 90012, 90013, 90014, 90015, 90017, 90020, 90021, 90026, 90027, 90028, 90029, 90031, 90033, 90038, 90039, 90057, 90068, 90071 |
| SPA 5 and SPA 8 South Bay Center For Counseling | 540 N. Marine Ave., Wilmington, CA 90744 (310) 414-2090 | 90019, 90024, 90025, 90034, 90035, 90036, 90045, 90046, 90048, 90049, 90056, 90064, 90066, 90067, 90069, 90073, 90077, 90094, 90095, 90210, 90211, 90212, 90230, 90232, 90263, 90265, 90272, 90291, 90292, 90293, 90401, 90402, 90403, 90404, 90405, 90245, 90247, 90248, 90249, 90250, 90254, 90260, 90261, 90266, 90274, 90275, 90277, 90278, 90301, 90302, 90303, 90304, 90305, 90501, 90502, 90503, 90504, 90505, 90506, 90710, 90717 |
| SPA 6 Aviva Family And Children's Services | 7120 Franklin Ave., Los Angeles, CA 90046 (323) 876-0550 Ext. 1315 | 90007, 90008, 90016, 90018, 90043, 90044, 90062, 90089, 90001, 90002, 90003, 90011, 90037, 90047, 90059, 90061, 90220, 90221, 90222, 90262, 90723 |
| SPA 7 Spittit Family Services | 8000 Painter Ave., Whittier, CA 90602 (562) 903-7000 | 90022, 90023, 90040, 90058, 90063, 90201, 90255, 90270, 90640, 90660, 90240, 90241, 90242, 90280, 90601, 90602, 90603, 90604, 90605, 90606, 90631, 90638, 90639, 90650, 90670, 90701, 90703, 90706, 90716 |
| SPA 8 Cambodian Association Of America | 2390 Pacific Ave., Long Beach, CA 90806 (562) 588-1863 Ext. 228 | 90704, 90712, 90713, 90715, 90731, 90732, 90744, 90745, 90746, 90747, 90755, 90802, 90803, 90804, 90805, 90806, 90807, 90808, 90810, 90813, 90814, 90815, 90822, 90831, 90840, 90846 |

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?



Source: A New Way of Life Reentry Project



REQUEST FOR LIVE SCAN SERVICE (Record Review or Foreign Adoption)

[Print Form](#)[Reset Form](#)

Applicant Submission

ORI (Code assigned by DOJ) _____ Type of Application (Check One Only) ☐ Record Review ☐ Foreign Adoption

Reason for Application _____

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information _____

Mail Code (five-digit code assigned by DOJ) _____

Street Address or P.O. Box _____

Contact Name (mandatory for all school submissions) _____

City _____ State _____ ZIP Code _____

Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name (AKA or Alias) Last _____ First _____ Suffix _____

Date of Birth _____ Sex ☐ Male ☐ Female

Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Misc. Number (Other Identification Number) _____

Place of Birth (State or Country) _____ Social Security Number _____

Telephone Number _____

Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

Level of Service: ☐ DOJ Only

If re-submission, list original ATI number (Must provide proof of rejection): _____

Original ATI Number _____

☐ Foreign Government Embassy: (Mandatory for Foreign Adoption requests pursuant to Penal Code section 11105(c)(12))

☐ Designee -- Do not include Employer: (Optional for individual designated by applicant to Penal Code section 11124)

Designee or Embassy Name _____

Street Address or P.O. Box _____

City _____ State _____ Country _____ ZIP Code _____ Telephone Number _____

Live Scan Transaction Completed By:

Name of Operator _____

Date _____

Transmitting Agency _____

LSID _____

ATI Number _____

Amount Collected/Billed _____

ORIGINAL - Live Scan Operator

SECOND COPY - Applicant



REQUEST FOR LIVE SCAN SERVICE (Record Review or Foreign Adoption)

Privacy Notice

Collection and Use of Personal Information. The Record Review Unit in the Department of Justice collects the information requested on this form as authorized by Penal Codes 11121 and 11105(C)(12). The Record Review Unit uses this information to process applications pertaining to Live Scan service for record review or foreign adoption. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at: <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided.

Access to Your Information. You may review the records maintained by the Record Review Unit in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service for record review or foreign adoption, we may need to share the information you give us with other government agencies.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Record Review Unit via telephone at (916) 227-3835 or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Record Review Unit
P.O. Box 903417
Sacramento, CA 94203-4170



APPLICATION FOR RECORD REVIEW PROCESSING FEE WAIVER CLAIM AND PROOF OF INDIGENCE

APPLICANT INFORMATION

Full Name: _____

Street or Mailing Address: _____

City, State, Zip Code: _____

PROOF OF INDIGENCE

As mandated by Penal Code section 11123, an individual may request a waiver of the record review processing fee. Any request for a fee waiver must include a claim and proof of indigence. Please check one of the three (3) following options to indicate how you are confirming your claim of indigence.

☐ I receive government assistance and have attached a copy of my documentation.
Examples of governmental assistance include, but are not limited to, Supplemental Security Income (SSI), California Work Opportunity and Responsibility to Kids (CalWORKs) program, unemployment benefits, or disability insurance.

☐ I am currently incarcerated in a local, state, or federal correctional institution/facility.
Institution/facility name: _____
Institution/inmate number: _____

☐ I am indigent based on my annual income and the number of people in my household.

As shown in the table below, based on the number of people in your household, if your income is at or below 138% of the annual Federal Poverty Guidelines, you may certify your status as indigent.

| Family Size | Annual Income* | Family Size | Annual Income* | Family Size | Annual Income* | If you have more than 12 people in your household, please add \$5,741 for each extra person. |
|-------------|----------------|-------------|----------------|-------------|----------------|--|
| 1 | \$16,395 | 5 | \$39,248 | 9 | \$62,169 | |
| 2 | \$22,108 | 6 | \$44,962 | 10 | \$67,910 | |
| 3 | \$27,821 | 7 | \$50,688 | 11 | \$73,651 | |
| 4 | \$33,534 | 8 | \$56,429 | 12 | \$79,392 | |

* Annual Federal Poverty Level published in the Federal Register on January 25, 2016.

Upon completion of this Application for Record Review Processing Fee Waiver Claim and Proof of Indigence, mail it to:

California Department of Justice
Bureau of Criminal Information and Analysis
Record Review Unit
PO Box 903417
Sacramento, CA 94203-4170

Forms not completely filled out cannot be processed by the DOJ and therefore an attempt will be made to return the form to the sender. If you have any questions regarding this form or the record review process, please contact the Record Review Unit via email at recordreview@doj.ca.gov.

DECLARATION

I, the undersigned, declare that I am unable to pay the fee to obtain a copy of my California state summary criminal history record without impairing my obligation to meet the common necessities of life. I declare, under the penalty of perjury that the foregoing is true and correct.

X _____
Signature



APPLICATION FOR RECORD REVIEW PROCESSING FEE WAIVER CLAIM AND PROOF OF INDIGENCE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the California Department of Justice collects the information requested on this form as authorized by Penal Code section 11123. The CJIS Division uses this information to process an applicant's request for waiver of fees required when an applicant desires a copy of their own state summary criminal history information. The Department of Justice's general privacy policy is available at: <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided.

Access to Your Information. You may review the records maintained by the CJIS Division in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process an applicant's request for waiver of fees, we may need to share the information you give us with other government agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law;

Contact Information. For questions about this notice or access to your records, you may contact the Record Review Unit manager by phone at (916) 227-3835, by email at recordreview@doj.ca.gov or via mail at

California Department of Justice
Bureau of Criminal Information and Analysis
Record Review Unit
PO Box 903417
Sacramento, CA 94203-4170



CLAIM OF ALLEGED INACCURACY OR INCOMPLETENESS

I have examined a copy of my California State Summary Criminal History Record as contained in the files of the Department of Justice, Bureau of Criminal Information and Analysis, and wish to take exception to its accuracy and/or completeness.

NAME: _____ CII NUMBER: _____
(LAST, FIRST, MIDDLE)

Date of Arrest: _____

Brief Explanation of claim: _____

Date of Arrest: _____

Brief Explanation of claim: _____

Date of Arrest: _____

Brief Explanation of claim: _____

SIGNATURE _____

DATE _____

Attach copies of any official documents or court orders that would verify your claim. Failure to fill out the form correctly may result in a delay in processing or the return of the claim form. You may attach additional pages if necessary. Return this form to the attention of the Record Review Unit at the address listed above.

Criminal Records Assessment & Exemption Requirements As of January 1, 2018 (per changes in AB 404 & SB 213)

Note: All information contained in this presentation is for information purposes only and is not legal advice. Everyone is reminded to complete his or her own legal research.

FOR EMERGENCY PLACEMENT

Who must submit to a criminal records check?

1. All persons over 18 living in the home excluding a NMD
2. Any person over 18 regularly present in the home other than those providing professional services (at the discretion of the county welfare department)
3. Any person over 14 who the department believes may have criminal record (at the discretion of the county welfare department), but this does not apply to children under the jurisdiction of the juvenile court. *WIC §361.4(a)(2)*

How is the check done? California Law Enforcement Telecommunications System ("CLETS") *WIC §361.4(a)(2)*

Within 10 days of CLETS or 5 days of emergency placement (whichever is sooner), the social worker shall ensure that a fingerprint clearance check is obtained through the DOJ. *WIC §361.4(c)*

If there is no criminal record...a child may be placed on the home on an emergency basis. *WIC 361.4(b)(1)*

If there are arrests...an arrest record shall not be used to deny or rescind an approval unless the department investigates the incident and secures evidence to establish conduct by the person that may pose a risk to the health and safety of any person who is or may become a client. *HS §1522(e)(1)*

However, if a prospective caregiver has been arrested for any of these crimes, there must be an investigation and a child cannot be placed until the agency & courts have considered the investigation results when determining whether placement is in the best interests of a child. *WIC §361.4(b)(4)*

| |
|---|
| Any crime listed in Penal Code 290: sex offender registry |
| Penal Code 245: assault with a deadly weapon |
| Penal Code 273ab: willful injury to a child 8 years of age or younger |
| Penal Code 273.5: corporal injury to spouse |
| Penal Code 273a(b): misdemeanor willful injury to a child |
| Penal Code 273a, paragraph 2 (prior to 1994) |
| Any crime listed in HS §1522(g) – see Category 1 below |

If a prospective caregiver or anybody subject to a criminal record check has a conviction other than a minor traffic violation...

For convictions in Category 1 (see chart), a child cannot be placed in the home. *WIC §361.4(b)(5)*

For all other convictions, a child cannot be placed until an exemption has been granted. *WIC §361.4(b)(2)*

EXCEPTION: A child can be placed pending an exemption if the deputy director or director of the county welfare department, or his or her designee, determines that the placement is in the best interests of the child and a party to the case does not object. *WIC §361.4(b)(3)*

EXCEPTION TO THE EXCEPTION: No child can be placed pending an exemption for a misdemeanor conviction for statutory rape, indecent exposure or financial abuse of an elder. Due to a drafting error, SB 213 also inadvertently prohibits placement pending an exemption for misdemeanor convictions within the last five years. This will likely be fixed by state policy or in clean-up legislation. *WIC §361.4(b)(3)*

FOR RESOURCE FAMILY APPROVAL

Who must submit to a criminal records check?

Each resource family applicant and all adults residing in or regularly present in the home.

WIC §16519.5(d)(2)(A)(i)(I)

EXCEPTION: Those exempt from fingerprinting as set forth in *HS§1522(b)*. Includes:

1. Adult friends & family who come into the home for no longer than defined by Department in regulations (defined in Written Directives, Version 4.1 as one month) provided they are not left alone with the child. However, the foster parent acting as a reasonable and prudent parent may allow the adult friend/family to provide short-term care as a babysitter.
2. Parents of the child's friend who the child is visiting in the friend's home provided the friend, foster parent or both are present. However, the foster parent acting as a reasonable and prudent parent may allow the friend's parent to provide short-term care as a babysitter without the friend being present.
3. Individuals engaged by the foster parent to provide short-term care to the child for periods not to exceed 24 hours. Caregivers shall use a reasonable and prudent parent standard in selecting appropriate individuals to act as short-term babysitters.

EXCEPTION TO THE EXCEPTION: Written Directives, Version 4.1 indicate that a County can require a background check for an exempt individual, provided that the individual has contact that may pose a risk to the health and safety of a child or NMD placed with an applicant/Resource Family. *SECTION 6-03A: Background Check*

How is the check done?

Receipt of a fingerprint-based state and federal criminal offender record information search response.

WIC §16519.5(d)(2)(A)(i)(I)

If there are arrests...a County shall consider the information and may conduct an investigation. The individual to whom the conviction or arrest pertains shall submit a written signed statement concerning the circumstances of each conviction or arrest. An investigation of the facts regarding arrests or convictions may lead to a denial of Resource Family Approval.

However, if an individual's criminal record indicates an arrest for an offenses specified in Health & Safety Code§ 1522(e) (see box on previous page), the County must conduct an investigation before an exemption or clearance can be granted.

If a County finds that an individual is awaiting trial, including an active warrant for an arrest, it may cease processing the criminal record information until the conclusion of the trial.

Written Directives, Version 4.1, SECTION 6-03A: Background Check

If there are convictions other than minor traffic violations...

For convictions in Category 1, the applicant cannot receive a resource family approval.

WIC §16519.5(d)(2)(A)(i)(III)

For convictions in Category 2 or 3, the applicant cannot receive a resource family approval unless an exemption has been granted. *WIC §16519.5(d)(2)(A)(i)(III)*

| | |
|--|--|
| CATEGORY 1: NON-EXEMPTIBLE HS §1522(g)(2)(A)(i-iii) | Felony conviction for child abuse or neglect |
| | Felony conviction for spousal abuse |
| | Felony conviction for crimes against a child, including child pornography |
| | Felony conviction for crimes involving violence, including rape, sexual assault, or homicide, but not assault and battery |
| | Felony conviction within the last five years for physical assault, battery or a drug or alcohol related offense |
| | Penal Code 220: assault with intent to commit to felony |
| | Penal Code 243.4: sexual battery |
| | Penal Code 264.1: rape |
| | Penal Code 273a(a): felony willful injury to a child (Penal Code 273(a), paragraph 1 prior to 1994) |
| | Penal Code 273ab: willful injury to a child 8 years of age or younger |
| | Penal Code 273d: corporal punishment to a child |
| | Penal Code 288: lewd acts with a child under 14 |
| | Penal Code 289: forcible sexual penetration |
| | Penal Code Any crime listed on 290(c) – sex offender registry – EXCEPT Penal Code 261.5 (stat rape misdemeanor) & Penal Code 314 (indecent exposure misdemeanor) |
| | Felony charge for Penal Code 368: crimes against elders, dependent adults and persons with disabilities |
| | Any crime listed in Penal Code 667.5(c): enhancements for violent felonies |
| | Business and Professions Code 729: sexual misconduct by physician, therapist, etc. |
| | Penal Code 206: torture |
| | Penal Code 215: carjacking |
| | Penal Code 347(a): poisoning |
| | Penal Code 417(b): brandishing a weapon around a school, daycare, etc. |
| | Penal Code 451(a): arson |
| | |
| CATEGORY 2: EXEMPTION AFTER INVESTIGATION HS §1522(g)(2)(B)(i-ii) | Misdemeanor conviction not listed in Category 1 that occurred within the last five years |
| | Felony conviction not listed in Category 1 that occurred within the last 7 years |
| | Misdemeanor conviction for Penal Code 261.5: statutory rape |
| | Misdemeanor conviction for Penal Code 314: indecent exposure |
| | Misdemeanor conviction for Penal Code 368: financial abuse of elder |
| <p>May grant exemption if Department has substantial and convincing evidence to support a reasonable belief that the person is of present good character necessary to justify the granting of an exemption. <i>HS §1522 (g)(2)(B)</i></p> <p>Shall consider all reasonably available information, including but not limited to:</p> <ul style="list-style-type: none"> • Nature of the crime, • Period of time since the crime was committed, • Number of offenses, • Circumstances surrounding the commission of the crime indicating the likelihood of future criminal activity, • Activities since the conviction (including employment, participation in therapy, education or treatment), • Whether the person successfully completed probation or parole, obtained a certificate of rehabilitation or was pardoned, • Any character references or other evidence submitted by the applicant • Whether the person is demonstrating honesty and truthfulness concerning the crime during the application/approval process and made reasonable efforts to assist the Department in obtaining records and documents concerning the crime(s). <p><i>HS §1522(g)(2)(C)</i></p> | |
| | |
| CATEGORY 3: FAST- TRACK EXEMPTION HS §1522(g)(2)(D) | Misdemeanor convictions not listed in Category 1 or 2 that occurred 5 or more years ago |
| | Felony convictions not listed in Category 1 or 2 that occurred 7 or more years ago |
| <p>Shall grant an exemption if the person's state or federal criminal history information received from the DOJ independently supports a reasonable belief that the person is of present good character necessary to justify the granting of an exemption.</p> <p>However, the Department may at its discretion require an exemption after an investigation using the criteria in Category 2, as necessary to protect the health and safety of a child. <i>HS §1522(g)(2)(D)</i></p> <p>Notably, the following Category 3 misdemeanor convictions should be given careful consideration: Penal Codes 272(b): Enticing a child away from home using the internet; 273a: Willful cruelty to a child; 311: Child porn; 647.6: Annoying molesting a child</p> | |

**NOTICE OF ACTION TO INDIVIDUAL
REGARDING RESOURCE FAMILY APPROVAL
CRIMINAL RECORD CLEARANCE OR EXEMPTION**

County:

Date:

Applicant(s) or RF Name(s):

County RF ID#:

RF Address:

Individual's Name:

PER ID#:

To:

This notice is to inform you that

on _____ A rescinded exemption, a denied exemption request, or a denied exemption due to a non-exemptible conviction means that you may not reside or be regularly present in an approved Resource Family home, and you may not have contact with children or nonminor dependents placed in the home. If you applied for Resource Family approval, this means your application must be denied. If you are currently approved as a Resource Family, this means the approval will be referred for rescission. A similar notice (excluding your convictions) has been sent to the resource family or applicant.

If this is a denial of a criminal record exemption request or an exemption rescission, it is based upon your failure to provide satisfactory evidence that you can meet or conform to all Resource Family Approval background check requirements. If you have a non-exemptible conviction you are not eligible for exemption. The criminal record clearance and exemption requirements are set forth in Welfare and Institutions Code Section 16519.5 et seq., Health and Safety Code section 1522, other applicable law and RFA Written Directives, Version(s) _____ sections 6-03A, 6-03B, and 10-01.

Specifically, it has been determined that you:

- ☐ Have a criminal conviction or convictions for which you have failed to provide substantial and convincing evidence that you are rehabilitated and of present good character.
- ☐ Have a non-exemptible criminal conviction or convictions for which we are prohibited by law from granting a criminal record exemption.

This decision is based on the evidence set forth in the court and law enforcement records, reports, statements, papers, and other documentary evidence contained in the official files compiled by the county or department, which information and records are hereby incorporated by this reference. This decision is based on the criminal convictions listed below which occurred on or about the dates listed as follows:

The following was considered in reviewing your request for an exemption:

If you disagree with this action, you may appeal by submitting a written request and a copy of this notice to the address below. Be advised that if you appeal and it is established that the conviction is non-exemptible, the Administrative Law Judge who handles the appeal is also prohibited by law from granting an exemption. If you wish to use this form to appeal, you may do so by checking the box and filling out the information below, then sending all pages of this notice to the address listed below.

The due date for this appeal is**from the date of this notice.**

If this decision is not appealed on or before the due date, the action will be final. The appeal must be post marked or delivered on or before the due date.

If you appeal, you _____ continue to reside in the home until completion of the administrative review of your appeal. You will be contacted and provided additional information about the appeal process at a later date. If you appeal it is required that you notify the county, in writing, of any change in your address. Please call the approval worker at _____ if you have any questions regarding this notice.

☐ **I wish to appeal.** (Submit this request with a copy of this notice)

Print Name

Signature

Address

Phone Number

Reasons for appeal (optional): _____

[For County use only. Do not write in this box.]
County: _____ County RF ID#: _____
Exemptible ☐ Non-exemptible ☐ Both ☐
Forum: SHD ☐ OAH ☐

Notice to Respondent: Please fill out the sections below and return fill this page with your appeal.

Your Hearing Rights: You may be present at the hearing. You have the right to be represented by an attorney at your own expense. You are not entitled to appointment of an attorney at public expense. You may represent yourself without an attorney. If you do not want to go to the hearing alone, you can bring a friend or someone with you.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records.

(This person can be a friend or relative but cannot interpret for you.)

NAME: _____

PHONE NUMBER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____

This person is an attorney: ☐ Yes ☐ No

Hearing File: If you ask for a hearing, the State Hearings Division will set up a file.

You have the right to see this file before your hearing and to get a copy of the county's written position statement on your case at least two days before the hearing. The state may give your hearing file to the county child welfare agency or probation department, if applicable.

Interpreter:

- ☐ Check here if you need an interpreter. There will be no cost to you.
(A friend or relative cannot interpret at the hearing.)

My language or dialect is: _____

[For County use only. Do not write in this box.]

County: _____ County RF ID#: _____

Exemptible ☐ Non-exemptible ☐ Both ☐

Forum: SHD ☐ OAH ☐

**DOCUMENTED ALTERNATIVE PLAN
FOSTER FAMILY HOMES
(BEDROOMS)**

APPLICANT/CAREGIVER FOSTER FAMILY HOME

ADDRESS

CITY, STATE, ZIP CODE

FOSTER FAMILY HOME FILE NUMBER

Bedrooms (Section 89387(a)) Discussion of Alternative Plan:

Name of Child

Sex

Date of Birth

Placement Worker's Name:

Telephone Number:

Did the Placement Worker approve the Documented Alternative Plan? ____ Yes ____ No

Caregiver/Applicant Signature

Date

FOR LICENSING OFFICE USE ONLY - DO NOT FILL IN BELOW

- ☐ Your request is hereby granted pursuant to the California Code of Regulations, Title 22, Division 6, Chapter 9.5

LIMITATIONS OF ALTERNATIVE PLAN:

- ☐ This alternative plan is denied based on the following:

Licensing Evaluator Signature/Date

Licensing Supervisor Signature/Date

Licensing Office

**DOCUMENTED ALTERNATIVE PLAN
FOSTER FAMILY HOMES
(BEDROOMS)**

APPLICANT/CAREGIVER FOSTER FAMILY HOME

ADDRESS

CITY, STATE, ZIP CODE

FOSTER FAMILY HOME FILE NUMBER

Bedrooms (Section 89387(a)) Discussion of Alternative Plan:

Name of Child

Sex

Date of Birth

Placement Worker's Name: Telephone Number:

Did the Placement Worker approve the Documented Alternative Plan? Yes No

Caregiver/Applicant Signature Date

FOR LICENSING OFFICE USE ONLY - DO NOT FILL IN BELOW

- ☐ Your request is hereby granted pursuant to the California Code of Regulations, Title 22, Division 6, Chapter 9.5

LIMITATIONS OF ALTERNATIVE PLAN:

- ☐ This alternative plan is denied based on the following:

Licensing Evaluator Signature/Date

Licensing Supervisor Signature/Date

Licensing Office

County/Agency: _____
Address/Contact Information: _____

Purpose of Form: Use this form to document all deficiencies that require a Corrective Action Plan (CAP).

It is the intent of the RFA worker to conduct all interactions and communications with the Resource Family with courtesy and respect and to be minimally disruptive to the Resource Family and the children in their care while also ensuring that the home is a safe and nurturing placement.

Resource Family Name: _____ Resource Family ID Number: _____

[illegible]

| | | | |
|--|----------------------|-------|-------------------|
| I acknowledge receipt of this report and understand my appeal rights as explained on the following page of this form.* | | | |
| RF PRINTED NAME: | RF SIGNATURE: | DATE: | TELEPHONE NUMBER: |
| RF WORKER PRINTED NAME: | RF WORKER SIGNATURE: | DATE: | TELEPHONE NUMBER: |
| RF WORKER SUPERVISOR PRINTED NAME: | | | TELEPHONE NUMBER: |

* ☐ RFA Worker: Check this box if a Resource Family parent was not available to sign the report. Immediately mail the report by certified mail to the Resource Family address of record.

RESOURCE FAMILY VISIT-CORRECTIVE ACTION PLAN (CAP) REPORT – The RFA 809C is to be used to document if a Resource Family is not meeting the requirements of one or more of the Written Directives or any applicable law, and the steps the Resource Family and the County will take to ensure that the Resource Family meets the requirements of the Written Directives or any applicable law. The RFA 809C documents deficiencies observed during a Resource Family visit as documented on the RFA 809.

DEFICIENCIES – A nonconformance with Written Directives or any applicable laws. Resource Families must be notified in writing of all Written Directives or any applicable law deficiencies. Deficiencies may be identified on the left side of this form with references to the applicable section.

CORRECTIVE ACTION PLAN – The Corrective Action Plan (CAP) is a plan developed by the County or Department which describes how the Resource Family is not meeting the requirements of one or more of the Written Directives or any applicable law, and the steps the Resource Family and the County will take to ensure that the Resource Family meets the requirements of the Written Directives or any applicable law. The County shall request and consider feedback from the Resource Family when developing the CAP. It is incumbent that the County establishes a time limit for the CAP. In order to set a time limit, the County must take into consideration the seriousness of the deficiency, the number of children or non-minor dependents in care involved, and the availability of resources and support. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. If a Resource Family encounters problems beyond his/her control in completing the corrections within the specified timeframe, they may request and be granted an extension of the correction due date by the County. The CAP will be documented on the RFA 809C.

CORRECTION NOTIFICATION – The Resource Family is responsible for completing all corrections and promptly notifying the County of corrections. Resource Families are advised to keep a dated copy of any letters sent to the County concerning corrections, or if corrections are telephoned to the County, the date, person contacted and information given.

APPEAL RIGHTS – The Resource Family has a right, without prejudice, to discuss any disagreement in this report with the County concerning the proper application of the Written Directives or any applicable laws. When visiting a Resource Family during the course of an investigation, the County shall ensure that the Resource Family is aware of their rights and responsibilities during the investigation process, including appeal rights for any actions which may result.

APPEAL REVIEW – The County has a duty to review the facts presented without prejudice. Upon review of the facts and in accordance with Written Directives or applicable law, the County may amend any portion of the action taken or may dismiss the violation.



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

January 30, 2018

ALL COUNTY LETTER (ACL) NO. 18-06

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL LOCAL MENTAL HEALTH DIRECTORS
ALL COUNTY ADOPTION AGENCIES
ALL ADOPTION DISTRICT OFFICES
ALL GROUP HOME PROVIDERS
ALL FOSTER FAMILY AGENCIES
ALL TITLE IV-E AGREEMENT TRIBES
ALL OUT-OF-STATE GROUP HOMES

REASON FOR THIS TRANSMITTAL

- ☒ [X] State Law Change
- ☐ [] Federal Law or Regulation Change
- ☐ [] Court Order
- ☐ [] Clarification Requested by One or More Counties
- ☐ [] Initiated by CDSS

SUBJECT: IMPLEMENTATION DATE CHANGE FOR THE HOME-BASED FAMILY CARE (HBFC) - LEVEL OF CARE (LOC) RATE DETERMINATION PROTOCOL (PROTOCOL) AND INSTRUCTIONS

REFERENCE: [ASSEMBLY BILL \(AB\) 403, CHAPTER 773, STATUTES OF 2015;](#)
[AB 1997, CHAPTER 612, STATUTES OF 2016;](#) WELFARE AND
INSTITUTIONS CODE (WIC) SECTIONS [11364](#), [11387](#), [11453](#), [11460](#),
[11461](#), [11462](#), [11462.01](#), [11462.04](#), [11462.015](#), [11462.02](#), [11463](#), [16000](#),
[16121](#), [16519.5](#), [16519.52](#), [16519.53](#), [16519.54](#), [16519.55](#), [18358.30](#),
[18987.72](#), ALL COUNTY LETTER (ACL) [11-51](#); [ACL 16-52](#); [ACL 16-54](#);
[ACL 16-55](#); [ACL 16-57](#); [ACL 16-65](#); [ACL 16-79](#); [ACL 16-79E](#); [ACL 16-84](#);
[ACL 17-11](#); [ACL 17-75](#); [ACL 17-111](#)

The purpose of this ACL is to update counties about the LOC Protocol implementation date to disseminate the documents, and provide instructions, that will be used by the case carrying Social Workers (SWs) and Probation Officers (POs) to make a rate determination. This information is to assist counties with establishing procedures regarding the appropriate use of the LOC Protocol. The LOC Protocol operationalizes the HBFC rate structure's expectations of Resource Families (RFs) when providing care and supervision for a child/youth in out-of-home care.

Implementation will occur in two stages, a change from the February 1, 2018 statewide implementation date announced in [ACL 17-111](#). The first stage will apply the LOC Protocol to all new Foster Family Agency (FFA) entries into foster care made beginning March 1, 2018. The Basic Level Rate will continue to be paid for FFA placements that were made from December 1, 2017 through February 28, 2018, as displayed on Table F in [ACL 17-75](#). There will be no retroactive payment at an LOC rate for placements from December 1, 2017 through February 28, 2018, unless either of the following exceptions applies:

- 1) The FFA makes a request to a county justifying that the care and supervision needs have changed and a rate change is needed to prevent a placement disruption; or
- 2) A regularly scheduled Child and Family Team (CFT) recommends to the county that the care and supervision needs have changed and a rate change is needed to prevent a placement disruption. This does not invoke a requirement for a new CFT to be convened.

The second stage applies the LOC Protocol beginning May 1, 2018 to all other new HBFC placements as outlined in [ACL 17-11](#), and for any existing placements that trigger a LOC rate determination based on placement changes, increased needs, ISFC and STRTP/ Group Home (GH) transitions as outlined in [ACL 17-11](#). Under these circumstances the LOC is prospective and there will be no retroactive payment.

Counties are reminded that the Intensive Services Foster Care (ISFC) rate which was effective December 1, 2017 for existing ITFC FFAs should already be receiving the ISFC rate and submitting their amended program statements.

Overview and Background

The basic LOC rate was premised on historical claiming data for the age-based rates in effect prior to the implementation of Continuum of Care Reform (CCR). The methodology for the age-based rate structure, the implementation of which was ordered by the Federal court in *Cal. State Foster Parent Association v. Wagner*, considers the cost factors required by federal law to fund placements for all children in out-of-home care.

Although the LOC Protocol is focused on the rate determination, it is consistent with the Core Practice Model by recognizing the value and importance of the role of the Resource Family (RF) when caring for a child/youth. The LOC Protocol was created by a workgroup of representatives from counties, advocates, probation and providers while considering stakeholder input, other state models, and other county specialized rate increments. The LOC Protocol is designed to support consistent, state-wide application of a rate structure using five (5) Core Domains. All RFs providing HBFC and supervision will be paid based on the LOC Protocol. By design, the LOC Protocol draws information from case carrying SWs/POs resources typically utilized in core practice to determine the care needs

of the child/youth. This could include, but not be limited to, information from the CFT, the Child and Adolescent Needs and Strength (CANS), case records, Specialized Care Increment (SCI) assessments, and any other screening or assessment information.

For additional overview information, the California Department of Social Services (CDSS) developed a state-wide training webinar. Please see [Webinar: CCR Overview of the Level of Care Protocol](#).

LOC Protocol

The LOC Protocol uses a strength-based rate setting methodology to identify the individual care and supervision expectations that are paired to the daily needs of a child/youth based on the 5 Core Domains. Previously, rates were based solely on the age of the child/youth. The LOC Protocol's primary focus is on the role of the RF in meeting the care and supervision needs of the child/youth based on 5 Core Domains. Within each domain, there are increasing levels of expectations that correlate with a point system. The LOC Protocol allows the SWs/POs to score each domain based on the child/youth care and supervision need, which then translates into an appropriate LOC rate including, if applicable, the ISFC LOC.

The LOC Protocol is consistent with the Resource Family Approval (RFA) process and the [Quality Parenting Initiative](#) standards. The LOC Protocol consists of two components: [LOC Rate Determination Matrix](#) (LOC Matrix) (containing the 5 Core Domains); and either a [Manual Scoring Form](#) (for use in the field in the absence of a digital option) or [Digital Scoring Form](#) (an electronic version), are attached.

The LOC rate, once determined, will be documented by the SW/POs and the results will be provided to Foster Care Eligibility staff or other staff as appropriate.

When to use the LOC Protocol

The LOC Protocol applies to HBFC placements. HBFC placements include RFs, Foster Family Homes, Foster Homes certified by a FFA that are in the process of becoming RF approved homes, Relatives (including Relatives who receive benefits through the Approved Relative Caregiver (ARC) program), Non-Relative Extended Family Members (NREFM), and Non-Minor Dependents not residing in a Supervised Independent Living Placement. The LOC Protocol will not be used for Kinship-Guardianship Assistance Payment Programs, Non-Related Legal Guardian and Probate Non-Related Legal Guardian cases established prior to December 31, 2016, per [ACL 17-11](#).

The SWs/POs should complete the LOC Protocol as soon as possible but no later than 60 days following the triggering event. However, since the LOC Protocol is a rate setting tool, it should be completed timely in the best interest of the child/youth and to enable RFs

to be supported in meeting the needs of the child/youth. For new placements, where a child/youth may be experiencing multiple placements within the first 60 days, only one LOC Protocol should be completed and that rate will apply until the child stabilizes or a CFT recommends that the placement is not appropriate. At the county's discretion and based on information received from the CFT, the county may decide if there is a need for another LOC rate determination at any time during the initial 60 days based on the policy articulated in this ACL.

The Basic Level Rate shall be paid upon initial foster care placement, including those new placements, into a HBFC setting pending the completion of the LOC Protocol unless the child meets an exception for an ISFC rate. Once the LOC Protocol has been applied and if a new rate level is determined, the new rate is effective back to the date of initial placement.

Based on the two stages of implementation, the use of the LOC Protocol will be as follows:

Beginning March 1, 2018:

FFAs: The LOC Protocol will be used by SWs/POs for all new placements in an FFA that entered into care beginning March 1, 2018, and for any placements that are stepping down to a FFA from a GH or STRTP. The effective date of the rate is the date of the latest placement.

Beginning May 1, 2018:

- **Other RF Placement Changes:** The LOC Protocol will be used by SWs/POs for all new HBFC placements that enter foster care; the effective date of the rate is the initial date of the placement.
- When a change of placement occurs for any child/youth to or from any other RF home and a child/youth needs have changed, the effective date of the rate is the date of placement. If the LOC rate determination was not completed prior to the placement move, the Basic Level Rate shall be paid until the LOC Protocol is completed.
- **Other FFA Changes in Placement:** The LOC Protocol will be used when there is a change in placement for a foster child/youth moving from an FFA home receiving a rate under the age-based rate structure to a different FFA home within a different FFA agency; or when a foster child/youth is moving within the same FFA agency but to another FFA home; or when a foster child/youth is moving from an FFA to a relative/county home. If the LOC rate determination was not completed prior to the placement move, the Basic Level Rate shall be paid until the LOC Protocol is completed. All the same rules apply as stated above regarding the how to use the LOC Protocol such as completing the tool in timely a manner and completing only one LOC determination within the first 60 days of placement. The effective date of the rate is the date of the initial placement.

- **Requested Changes from Caregivers/RF:** When a caregiver/RF, child/youth or SWs/POs, in consultation with the CFT (when possible), indicates a child/youth needs have changed, the new rate is effective the date of the completion of the LOC Protocol as indicated on the Rates Scoring Form provided by the SWs/POs. This request can also be made if a caregiver/RF is not currently receiving a LOC rate.
- **Transition from GH/STRTP:** The LOC Protocol will be used for a change in placement for any child/youth transitioning from a GH/STRTP to a HBFC setting. The LOC Protocol may be completed prior to and in anticipation of a child/youth transitioning from a GH/STRTP. If the LOC rate determination was not completed prior to the placement move, the Basic Level Rate shall be paid until the LOC Protocol is completed.
- **Transitions with ISFC:** The LOC will be completed when a change in placement occurs from an ISFC home to another HBFC setting which is not an ISFC home or when a child is with the same RF and the needs have changed which results in a lower rate. The effective date of the rate decrease will be in the first month following the determination in which adequate and timely notice is provided.

LOC Rate Determination Decreases Between LOC

In order for CDSS to collect LOC Protocol data to inform any adjustments to the HBFC LOC rate methodology, there will be no decreases in the LOC rate during the first year of the LOC Protocol implementation between the Basic Level Rate up to LOC 4, with one exception when it comes to how this policy applies to the ISFC rate. The exception will allow the rate to be decreased to a lower LOC rate in the instance when the LOC rate determination for ISFC results in a lower LOC rate and the child remains with the same RF. The circumstances where this policy will apply also in the instance when a RF is providing TFC and those services are ending in that home.

An example where there would be no decreases in the LOC rate would be if a LOC rate determination resulted in a LOC 3 and later a triggering event resulted in a lower rate determination in the same home for that child/youth, the RF will continue to receive the LOC 3 rate and is expected to use the foster care payment to maintain the stability of the placement.

The CFT and the LOC Protocol

Effective January 1, 2017, all child/youth in foster care are required to have a CFT as outlined in [ACL 16-84](#). The CFT process allows CFT members to have the opportunity to consider how to best meet the needs of the child/youth in ways that increase consensus and prevent disruptions in placement or access to services and supports. The initial CFT meeting shall be convened by the placing agency as soon as possible and must be within the first 60 days of the child/youth coming into foster care. The frequency of CFT meetings shall

occur at minimum once every six months, and should occur more frequently based upon individual needs of the child/youth and family or requests by CFT members.

The CFT process also provides an opportunity to gather information from a variety of perspectives and sources to inform the LOC rate determination. The LOC Protocol should not be completed during a CFT meeting; however, a review of the LOC Protocol and the 5 Core Domains may be discussed to attain a better understanding of the needs of the child/youth. The focus of CFT meetings needs to remain child/youth and family focused to develop a comprehensive and integrated case plan that meets the child/youth and family's individual needs.

Assessment and Screening Information and the LOC Protocol

The CDSS has selected the CANS as the statewide child welfare assessment tool. CANS is a multi-purpose tool developed for children's services to inform ongoing case planning, placement decision-making, facilitating quality improvement and the monitoring of outcomes of services.

It is important to distinguish the LOC Protocol, is intended to be used as a rate setting tool based on the expectations of the caregiver. The CANS tool is an ongoing assessment and engagement process intended to be used in conjunction with the CFT to inform placement decisions and ongoing case planning.

The LOC Protocol does not determine the needed placement type or the appropriateness of a placement. It is not to be used to determine if a child/youth should be placed in a HBFC setting or in residential care.

In order to rate each domain thoroughly and accurately, the SWs/POs should consider all available information at the time the LOC Protocol is being completed including, but not limited to, the CFT, existing case assessment content, and the Resource Parents Report Tool (optional). When information from either the CANS or other screening tools are available, that information can be used by a county to inform the completion of the LOC Protocol. The rate determination should not be delayed if assessment or screening information is not available.

Static Criteria

The Static Criteria recognizes that there are chronic indicators where a child/youth has recent behaviors, experiences or events that present challenges for the SWs/POs to place into a RF home. The Static Criteria permits the SW/POs to make an immediate placement at the ISFC level to ensure the safety of a child/youth pending a LOC rate determination until a more comprehensive assessment is made of the child/youth needs. The placing agency will pay an ISFC rate for child/youth who meet one or more of the Static Criteria. The behaviors or situations must have occurred within the preceding 12 months. When the

Static Criteria are applied, it means the initial LOC rate determination is the ISFC rate and may be paid up to 60 days pending completion of an initial/updated LOC rate determination. The initial 60-day placement may be extended an additional 60 days upon manager approval. This option should only be exercised when no other appropriate and safe HBFC placements can be found for the immediate placement of the child/youth in a HBFC setting with a RF who is able to care for the child/youth with supports and services.

The ISFC level is part of the LOC Matrix and takes into account the challenges for a child/youth whose trauma and/or needs for care and supervision require intensive supervision and services. The use of Static Criteria is short term and does not assume the child/youth will remain at the ISFC level once the LOC rate determination is completed. The ISFC program was created for a child/youth with complex needs, including child/youth with special health care or medical needs. Guidance regarding the ISFC program will be issued in a separate ACL.

Core Domains and the LOC Matrix

As previously mentioned, the LOC Matrix is one of the two components of the LOC Protocol. The LOC Matrix will assist the SWs/POs in determining the LOC rate based on the care and supervision expectations identified in the 5 Core Domains. Within the Matrix, the domain definitions are located at the top of each of the 5 Core Domains. The level of intensity within each Domain moves from basic expectations of the RF and increases in intensity, moving from left to right. Above each point value, the corresponding expectations are found within that Domain.

The 5 Core Domains in the LOC Protocol are:

1. **Physical:** Actions in which the RF must engage in or model daily living needs, such as eating, clothing, hygiene, community/social functioning, and extracurricular activities including teaching age appropriate life skills even when developmental delays are present. This does not include specific medical activities (see Health Domain).
2. **Behavioral/Emotional:** Actions in which the RF must engage to promote resilience and emotional well-being for the child/youth, as well as encourages the child/youth to engage in pro-social behavior and activities developing healthy relationships. This does not include medication management for psychotropic medications (see Health Domain).
3. **Educational:** Actions in which the RF must engage to promote student achievement, foster educational excellence and equal access to services, and when required, responds to suspensions and/or expulsions. School-aged child/youth is defined as any child/youth that is attending and participating in early childhood through adult educational programs.

4. **Health:** Actions in which the RF must engage to promote the child's health and healthy sexual development by arranging and facilitating health care (i.e., Child Health and Disability Prevention (CHDP) Program, medical, dental, vision, transgender needs), medication administration including psychotropic medications and/or monitoring, and ensuring access to services that address special health care needs. The RF addresses medically necessary or prescribed dietary/exercise/nutritional needs.
5. **Permanency/Family Services:** Actions in which the RF must engage to promote and facilitate visitation, communication, and the identification, development, and maintenance of lifelong, supportive connections with members of their biological and non-biological families and natural support systems. Permanency/Family Services also include efforts to connect the youth with their community of origin including connections with resources, cultural organizations, faith communities, identity-based communities such as the Lesbian, Gay, Bisexual, Transgender, Queer community and any other group or organization which promotes a sense of belonging, identity, and connection to culture.

LOC Scoring Forms (Manual and Digital)

The LOC Scoring Forms must be completed after determining the intensity of the child/youth's needs using the LOC Matrix that list the care and supervision expectations of the RF. Counties are encouraged to use the Digital Scoring Form to avoid any errors in totaling the scores and identifying the appropriate LOC. The Digital Scoring Form automatically performs the calculations to arrive at the total score and identify the appropriate LOC, including the leveling up override discussed below. Below is a list of general instructions and guidelines:

- Complete the scoring form after reviewing and determining the level of intensity/expectation in each domain in the LOC Protocol.
- Print clearly or type all information requested.
- Child ID: Preferred is the CWS/CMS ID number for tracking purposes or as defined by your county.
- Age: Child age in years only.
- Case Carrying Worker: This is either the SWs/POs or as defined by your county. You may change the title as needed.
- Sections A-E: Please follow the instruction guide in the grey box.
- Leveling Up Guide: Scores less than 21 means 20 or less; and scores less than 23 means 22 or less. The child has to score five or more in Behavioral/Emotional or Health in order to move up a level.
- Verify that the form is complete and correct. Once printed no corrections may be made. If any error has been made, complete a new form.

- Sign the form in the designated signature area based on your role (SWs/POs, other as decided by your county).
- Effective date: This is the date that the RF will start the new rate.
- Keep a copy of this form and all other supporting documents in the child case file or as directed by your county.

Leveling Up Instructions when Using the Manual Scoring Form

The purpose of Leveling Up is to create an override option to increase the rate by one level when scores are higher in specific domains. If the child scores a five or six in either the Behavioral/Emotional or Health Domain, then the “raw-score” total in Section B (when the Manual Scoring Form is used) can level up to the next LOC Rate. For example, if a child scores 18 points total (raw-score), but has a score of five in the Behavioral/Emotional or Health Domain, the LOC written in Section D will be the LOC 2 Rate, and then check “Yes” based on the leveling up criteria. When using the Digital Scoring Form for this same scenario, the leveling up one level will be done automatically.

Optional Resource Parent Report Tool

The Resource Parent Report Tool was created as an engagement tool and to potentially identify and stimulate a comprehensive dialogue to fully and better understand the needs of both the child/youth and the RF caring for the child/youth placed in a RF home. This tool is optional yet strongly recommended, since the information the parent provides about the child’s needs is an important factor in the correct rate determination. If there are two Resource Parents caring for the child/youth, the activities of both parents should be included in support of the child. The Resource Parent Report Tool reflects any activities consistent with parental expectations and skills and may account for efforts applied to meet any needs beyond what is appropriate for the child’s age. Counties are not precluded from using other methods to engage the RF and gather information.

Specialized Care Increment (SCI) Programs

As described in [ACL 17-11](#), counties continue to have the discretion to apply an SCI in conjunction with an LOC. In accordance with the adopted State Fiscal Year 2017-18 budget, the total funding for the SCI and LOC rate structure is based on funding in the Local Revenue Fund and the CCR premise related to the implementation of the new LOC rate structure.

In order for claims for SCI to be eligible for federal financial participation, the SCI must be paid only to address the behavioral, emotional and physical requirements of children in care above and beyond those already covered in the LOC rate structure. Health is included in the physical requirements.

For purposes of implementation of the LOC and SCI or to determine what modifications need to occur within a SCI program, CDSS recommends that all counties with existing SCIs consult with CDSS. In order to inform the technical assistance support, counties should be able to provide details that may include but are not limited to caseload, any outcome evaluations, average costs, demographics about the SCI population, and types of services, etc. Counties are requested to consult with CDSS before finalizing any proposed modifications to their SCI plan, including decisions to end their SCI programs.

Notice of Actions (NOAs)

Consistent with existing rate change and determination processes, NOAs and any informal hearing provided by the County or formal State hearings, rights will continue to be afforded to families. Counties will notify families via a NOA explaining that their rate changed because of AB 403, the law that authorizes rate changes (per WIC 11460, 11463, 11464, 11364, 11387 and 18358), and which made RFs subject to an LOC rate determination. CDSS has developed a NOA for county use and substitutions of the form are permitted.

The NOAs will provide an explanation to RFs of how and why rates are changing under the CCR rate restructuring in the event of:

- a rate increase,
- a rate decrease,
- a rate discontinuance.

For any rate determination that results in no rate change at all, the RF will be provided with adequate and timely notice given by the SW, PO or others designated by the county. The county shall inform the caregiver of the determination in writing.

Child Welfare Services (CWS)/Case Management System (CMS)

Instructions for CWS/CMS will be in a separate ACL before May 1, 2018.

Inquiries

If you have any questions regarding the information in this ACL or any concerns regarding FFAs and the LOC Protocol implementation, please send questions to loc@dss.ca.gov or contact the Foster Care Audits and Rates Branch at (916) 651-9152. Claiming questions should be directed to Fiscal.Systems@dss.ca.gov.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

c: CWDA

Attachments

Level of Care (OC) Digital Scoring Form

| Child/Youth Info | | | Last OC (if applicable) | | Case Carrying Worker | | Initial |
|----------------------|----------------------|-----|-------------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | Age | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

A65

- If the child/youth requires a 60-day intensive rate based on the Static Criteria, complete Section A (Click on "Choose One" and select "Yes," then check at least one criteria). If not, select "No" then complete all other sections.
- Enter score from each domain, then click enter to total the score.
- The level of care rate will populate in Section C.
- Check which resources were used to inform the decision.
- Instructions for SW/PO and Foster Care Eligibility staff.

A.

Check which criteria apply then skip Section B.

☐ Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators

☐ Commercial Sexual Exploitation of Children (CSEC)

☐ Runaway

☐ Eating Disorder

☐ Fire Setting

☐ Severe Mental Health Issues - including Suicidal Ideation and/or Self Harm

☐ Aggressive and Assaultive

☐ Gang Activity

☐ Substance Use/Abuse

☐ Animal Cruelty

☐ Habitual Truancy

☐ Three or more placements due to the child's behavior

☐ Psychiatric Hospitalization(s)

☐ Choose One

B.

| | | |
|----------------------------|--|--|
| Physical | | |
| Behavioral/Emotional | | |
| Educational | | |
| Health | | |
| Permanency/Family Services | | |

D.

☐ Child and Adolescent Needs and Strengths (CANS)

☐ Treatment Outcome Package (TOP)

☐ Other

☐ Specialized Care Increment (SCI)

☐ Case Plan

☐ (i.e., Court Orders, Resource Family Tool, etc.)

☐ Child and Family Team (CFT)

☐ Medical Records

☐ Education Records

☐ Mental Health Records

E.

Provide original score sheet to Foster Care Eligibility Staff. Retain a copy of this form and all supporting documents in the child's case file.

Provide copy of Notice of Action (NOA) to the Resource Parent.

SW/PO Signature: _____

Rate Effective Date: _____

General Instructions

1. Complete this form after reviewing and determining the level of intensity/expectation in each domain of the Level of Care Rate Determination Matrix.
2. Complete all information requested.
3. **Child ID:** This would be either the CWS/CMS ID number or as defined by your county.
4. **Age:** Child age in years only.
5. **Case Carrying Worker:** This would be either the social worker, probation officer or a county designee. You may change the title as needed.
6. **Sections A-E:** Please follow the instruction guide in the grey box.
7. Verify that the form is complete and correct; once printed no corrections may be made. If any error has been made, complete a new form.
8. Sign the form in the designated signature area based on your role. You may change the title as needed.
9. **Effective date:** The date that the Resource Family will start the new rate.
10. Keep a copy of this form and all other supporting documents in the child case file or as directed by your county.

Level of Care (LOC) Manual Scoring Form

| Child/Youth Info | | | Last LOC (if applicable) | | Case Carrying Worker | | Today's Date |
|------------------|--|-----|--------------------------|--|----------------------|--|--------------|
| Name | | Age | Score | | Name | | |
| ID | | | Date | | Email | | |

Instructions: (Section A-F)

- **Section A:** If the child/youth requires a 60-day intensive rate based on Static Criteria, complete Section A (Check "Yes" then check at least one criteria). If not, check "No" then complete all other sections.
- **Section B:** Enter score from each domain then total the score.
- **Section C:** Check if either of the leveling up was applied.
- **Section D:** Type/print the level of care rate and check Yes or No for the leveling up.
- **Section E:** Check which resources were used to inform the decision.
- **Section F:** Instructions for SW/PO and Foster Care Eligibility staff.

A. Does the child require immediate placement based on Static Criteria?

☐ Yes ☐ No

Check which criteria apply then skip Section B to Section C and enter "Intensive (ISFC)/60 Days"

- ☐ Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators ☐ Aggressive and Assaultive ☐ Animal Cruelty
☐ Commercial Sexual Exploitation of Children (CSEC) ☐ Eating Disorder ☐ Fire Setting ☐ Gang Activity ☐ Habitual Truancy ☐ Psychiatric Hospitalization(s)
☐ Runaway ☐ Severe Mental Health Issues - Including Suicidal Ideation ☐ Substance Use/Abuse ☐ Three or more placements due to the child's behavior

B. Core Domain

| Core Domain | Score |
|----------------------------|-------|
| Physical | |
| Behavioral/Emotional | |
| Educational | |
| Health | |
| Permanency/Family Services | |
| Total Score | |

LOC Legend

| | |
|------------|------------------|
| 5 to 18 | Basic |
| 19 to 20 | LOC 2 |
| 21 to 22 | LOC 3 |
| 23 to 24 | LOC 4 |
| 25 or more | Intensive (ISFC) |

C. Leveling Up Guide:

- ☐ If child total score is less than 21, but scores 5 or more in behavioral or health domains, child will be moved up a level.
☐ If child total score is less than 23, but scores 6 or more in behavioral or health domains, child will be moved up a level.

D.

| Level of Care Rate | Leveling Up Applied |
|--------------------|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |

E. Resources Used to Inform the Decision:

- ☐ Child and Adolescent Needs and Strengths (CANS) ☐ Specialized Care Increment (SCI) ☐ Child and Family Team (CFT) ☐ Education
☐ Treatment Outcome Package (TOP) ☐ Case Plan ☐ Medical Records ☐ Mental Health
☐ Other _____ (i.e., Court Orders, Resource Family Tool, etc.)

- F. SW/PO Instructions:** Provide original score sheet to Foster Care Eligibility staff. Retain a copy of this form and all supporting documents in the child's case file.
Foster Care Eligibility Staff Instructions: Provide copy of Notice of Action (NOA) to the Resource Parent.

SW/PO Signature: _____

Rate Effective Date: _____

General Instructions

1. Complete this form after reviewing and determining the level of intensity/expectation in each domain of the Level of Care Rate Determination Matrix.
2. Print clearly or type all information requested.
3. **Child ID:** This would be either the CWS/CMS ID number or as defined by your county.
4. **Age:** Child age in years only.
5. **Case Carrying Worker:** This would be either the social worker, probation officer or a county designee. You may change the title as needed.
6. **Sections A-F:** Please follow the instruction guide in the grey box.
7. **Leveling up Guide:** Scores less than 21 means 20 or less and Scores less than 23 means 22 or less. Child has to score 5 or more in Behavioral or Health in order to move up a level.
8. Verify that the form is complete and correct; once printed no corrections may be made. If any error has been made, complete a new form.
9. Sign the form in the designated signature area based on your role. You may change the title as needed.
10. **Effective date:** The date that the Resource Family will start the new rate.
11. Keep a copy of this form and all other supporting documents in the child case file or as directed by your county.

| Core Domain | | Definition | | | | |
|------------------------|--|---|--|--|--|--|
| Physical | Physical Domain is defined as actions in which the Resource Family must engage in or model daily living needs, such as eating, clothing, hygiene, community/social functioning, and extracurricular activities, including teaching age-appropriate life skills even when developmental delays are present. This does not include specific medical activities (see Health Domain). | | | | | |
| | Expectations | | | | | |
| | Resource Family provides healthy meals, opportunities for daily activity, predictable sleep routine, and developmentally appropriate support for physical hygiene. | Resource Family provides supervision, verbal cueing and/or physical assistance for at least 1 ADL/IADL beyond what is age/developmentally appropriate on a daily basis. | Resource Family provides supervision, verbal cueing and/or direct physical assistance in at least 2 different ADLs /IADLs beyond what is age/developmentally appropriate on a daily basis. | Resource Family implements and monitors a plan of supervision, verbal cueing and/or direct physical assistance in at least 3 different ADLs/IADLs beyond what is age/developmentally appropriate on a daily basis. | Resource Family provides supervision, verbal cueing, and/or direct physical assistance in at least 6 ADLs/IADLs beyond what is age/developmentally appropriate on a daily basis. | |
| | And/or Resource Family provides support to assist the youth in developing life skills that are age/developmentally appropriate. | And/or Resource Family arranges and/or facilitates participation in developmental needs, i.e., physical and/or occupational therapy no more than once per month. | And/or Resource Family must do check-in with community/extracurricular activities to ensure continuity of ADL/IADL routines. | And/or Resource Family accompanies the child and/or provides direct support to enable the child to participate in community/extracurricular activities. | And/or Resource Family provides the child constant supervision to enable the child to participate in community/extracurricular activities. | |
| Points | 1 | 2 | 3 | 4 | 5 | |
| Additional Information | <ul style="list-style-type: none">Activities of Daily Living (ADLs) include: Transferring (i.e., walking and/or moving from place to place), use of upper extremities (hand, arms, fingers), bathing, grooming, menstrual care, dressing, feeding and/or toileting including enuresis/encopresis.Instrumental Activities of Daily Living (IADLs) include: managing finances, accessing transportation, shopping, preparing meals, using communication devices, managing medications and/or completing basic housework. IADLs apply to youth 14 years of age and older for purposes of the Level of Care.If the minor/nonminor dependent (NMD) is pregnant or parenting, consider the Infant Supplement. The Resource Family may need to provide supports to the minor/NMD in preparing for parenthood and/or in parenting their child. | | | | | |

| Core Domain | Definition | | | | |
|-----------------------------|--|---|--|---|---|
| Behavioral/Emotional | Behavioral/Emotional domain is defined as actions in which the Resource Family must engage to promote resilience and emotional well-being for the child/youth, as well as encourage the child/youth to engage in prosocial behavior and activities developing healthy relationships. This does not include medication management for psychotropic medications (see Health Domain). | | | | |
| | Resource Family provides direct supervision and support to address behaviors that are age/developmentally appropriate. | Resource Family redirects, prompts, and/or diffuses beyond what is age/developmentally appropriate at least two days a week. | Resource Family implements a therapeutic intervention plan as outlined by the child/youth's therapist and/or CFT Plan at least three days a week. | Resource Family implements a therapeutic intervention plan as outlined by the child/youth's therapist and/or the CFT Plan at least four days a week. | Resource Family helps develop and implement a daily therapeutic intervention plan to address their identified therapeutic and well-being needs as outlined by the child/youth's therapist and/or the CFT plan for a child which is necessary to maintain them safely in a family-based setting. |
| | And/or Resource Family arranges, facilitates, provides and/or consults with therapist and/or other professionals at least 1 time a month. | And/or Resource Family arranges, facilitates, provides and/or consults with therapist and/or other professionals at least 2 times a month and participates in services/activities as recommended. | And/or Resource Family arranges, facilitates, provides and/or consults with therapist and/or other professionals at least 3 times a month and participates in services/activities as recommended. | And/or Resource Family arranges, facilitates, provides and/or consults with therapist and/or other professionals at least 4 times a month, including but not limited to outpatient and/or in-home therapeutic services. | And/or Resource Family is engaged in and supports the child receiving WRAP, TBS, or other family-based therapeutic interventions, in addition to monitoring/observing, redirecting, prompting, and/or documenting. |
| | And/or Resource Family supports the child through expected life stressors. | And/or Resource Family may provide enhanced observation. | And/or Resource Family provides structured support for expected/unexpected life stressors with moderate symptoms and behaviors; including monitoring, observing, redirecting, prompting, and/or documenting. | And/or Resource Family provides structured support for expected/unexpected life stressors with severe symptoms and behaviors; including monitoring/observing, redirecting, prompting, and/or documenting. | And/or Resource Family arranges, facilitates and/or provides up to 24-hr. observation/line-of-sight. Resource Family may require assistance in providing this supervision. |
| Points | 1 | 4 | 5 | 6 | 7 |

- Training: Resource Families are expected to participate in child-specific training/coaching/mentoring based on the needs of the child/youth placed in their home.
- If the minor/NMD is pregnant or parenting, consider the Infant Supplement. The Resource Family may need to provide support to the minor/NMD in managing emotional health.

| Core Domain | | Definition | | | | |
|-------------|---|--|---|---|---|--|
| Educational | | Educational domain is defined as actions in which the Resource Family must engage to promote student achievement, foster educational excellence and equal access to services, and when required, respond to suspensions and/or expulsions. School-aged child/youth is defined as any child/youth who is attending and participating in early childhood through adult educational programs. | | | | |
| | Resource Family provides age and developmentally appropriate support for the child's educational activities as defined below. | Resource Family provides assistance beyond the basic activities (on average) up to 2 additional hours per week for school-aged child/youth. | Resource Family provides assistance beyond the basic activities (on average) up to 4 additional hours per week for school-aged child/youth. | Resource Family provides assistance beyond the basic activities (on average) up to 6 additional hours per week for school-aged child/youth. | Resource Family provides assistance beyond the basic activities (on average) up to 8 additional hours per week for school-aged child/youth. | |
| | Or For a Non-School Age child, the Resource Family obtains, provides and/or coordinates additional support to the child to assist in participating in or benefiting from childcare/preschool programs and/or to ensure the child's continued attendance. | Or For a Non-School Age child, the Resource Family obtains, provides and/or coordinates up to 2 additional hours per week to support the child's participation in or benefiting from childcare/preschool programs and/or to ensure the child's continued attendance. | Or For a Non-School Age child, the Resource Family obtains, provides and/or coordinates up to 4 additional hours per week to support the child's participation in or benefiting from childcare/preschool programs and/or to ensure the child's continued attendance. | Or For a Non-School Aged Child, the Resource Family is encouraged to enroll the child in childcare or a preschool program, which may be accessed through programs such as Head Start, the California Department of Education subsidized child care system, or through local school districts for Transitional Kindergarten programs. The Resource Family is also expected to provide up to 6 additional hours per week of age appropriate activities that promote healthy development. | Or For a Non-School Aged Child, the Resource Family is encouraged to enroll the child in childcare or a preschool program, which may be accessed through programs such as Head Start, the California Department of Education subsidized child care system, or through local school districts for Transitional Kindergarten programs. The Resource Family is also expected to provide up to 8 additional hours per week of age appropriate activities that promote healthy development. | |
| | | | | | Or Resource Family is required to provide or arrange for educational needs and/or support for the chronic or terminally ill child/youth who is unable to participate in school settings outside of the home as identified in the Case or Care Plan. | |
| Points | 1 | 2 | 3 | 4 | 5 | |
| | <ul style="list-style-type: none">● Basic Level: The Resource Family will provide ongoing educational support to include assistance with arriving to school on time, completing homework, and special projects. The Resource Family is also expected, as part of regular parenting duties, to participate in parent-teacher conferences, attend Back-to-School Night and Open Houses, and communicate with the social worker and/or court prior to each court hearing on the J15 educational progress. The Resource Family should also encourage the child to read on his/her own (or read with them), and should ensure access to the Internet and other online technology to promote learning.● Educational activities beyond the Basic Rate include: volunteering or otherwise being present in the classroom; assisting with and monitoring homework/school projects beyond what is age/developmentally appropriate; activities to support IEP, SST, RST, behavioral support, 504 Plans; supporting participation in school-based extracurricular activities (i.e. sports, music, theatre, etc.); assistance in transitioning to college or vocational education/training (i.e., college tours, completing applications, testing); assisting the youth to participate in community-based volunteer activities for extra credits; identifying/acquiring and putting into action any remediation plans or activities when needed; assisting in school enrollment, partial credits restoration; providing home-based education. Educational activities also include obtaining, arranging, coordinating and/or maintaining special equipment, tools or devices required for the child to access his/her education and educational environment. These activities may vary depending on the child's case plan and whether the caregiver is designated as the Educational Rights Holder. In the event that a child needs tutoring, instructions or educational therapy beyond what the Resource Family can provide, the time arranging, coordinating, scheduling, and/or transporting the child to services will be credited to the Resource Family.● The Resource Family's willingness to seek assistance to provide extra support for the LGBTQ youth's educational needs.● The Resource Family's willingness to provide school readiness to ensure social/emotional support.● If the minor/NMD is pregnant or parenting, consider the Infant Supplement and intervention supports the Resource Family may need to enable school success of pregnant and parenting foster youth. | | | | | |

| Core Domain | | Definition | | | | |
|-------------|---|---|--|---|---|--|
| Health | Health domain is defined as actions in which the Resource Family must engage to promote the child's health and healthy sexual development by arranging and facilitating health care (i.e., Child Health and Disability Prevention (CHDP) Program **, medical, dental, vision, transgender needs), medication administration including psychotropic medications and/or monitoring, and ensuring access to services that address special health care needs. Resource Family addresses medically necessary or prescribed dietary/exercise/nutritional needs. | | | | | |
| | Resource Family arranges routine well child-care based on CHDP and dental schedule. | Resource Family arranges as needed an appointment with a healthcare specialists 2 times a year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry and/or medical/psychological care that support gender identity. | Resource Family arranges appointments with a healthcare specialists at least 3 but not more than 11 times per year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry, and/or medical/psychological care that support gender identity. | Resource Family arranges appointments with a healthcare specialist 12 times a year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry and/or medical/psychological care that support gender identity. | Resource Family provides care to a child who has been diagnosed with a severe medical and/or developmental problem *, which requires in-home monitoring by medical professionals, direct medical treatments and/or specialized care by the Resource Family and/or use of medical equipment multiple times per week. | |
| | And/or Occasional or short-term medication intended to treat typical childhood illness or injury which may require either over the counter or prescription medication. This also includes arranging for medication to be administered at school. | And/or Resource Family must observe, record and report medication effects to a doctor and administers at least one medication as needed (PRN). | And/or Resource Family must observe, record and report medication effects to a doctor and administers at least one medication on a daily basis. | And/or Resource Family must observe/record/report medication effects to a doctor and administers multiple medications on daily basis. | And/or Resource Family operates and monitors medically prescribed equipment and medical devices. | |
| Points | 1 | 4 | 5 | 6 | 7 | |

*This may include but is not limited to: An aspiration, suctioning, mist tent, ventilator, tube feeding, tracheotomy, symptomatic AIDS with complication, hepatitis, chemotherapy, indwelling lines, colostomy/ileostomy, or burns covering more than 10% of the body.

** The Child Health and Disability Prevention (CHDP) Program helps to prevent or find health problems through regular, no cost, health check-ups. A check-up includes: - Health and developmental history - Physical exam - Needed immunizations - Oral health screening and routine referral to a dentist starting by age 1 - Nutrition screening - Behavioral screening - Vision screening - Hearing screening - Health information - Lab tests, which may include: anemia, lead, tuberculosis, and other problems, as needed - Referral to Women, Infants, and child (WIC) program for a child up to age 5.

● If the minor/NMD is pregnant or parenting, the Resource Family should provide the needed support for attending prenatal care appointments, prenatal classes, breastfeeding classes, post-partum follow-ups, other medical appointment, etc. and consider Infant Supplement.

*This may include but is not limited to: An aspiration, suctioning, mist tent, ventilator, tube feeding, tracheotomy, symptomatic AIDS with complication, hepatitis, chemotherapy, indwelling lines, colostomy/ileostomy, or burns covering more than 10% of the body.

** The Child Health and Disability Prevention (CHDP) Program helps to prevent or find health problems through regular, no cost, health check-ups. A check-up includes: - Health and developmental history - Physical exam - Needed immunizations - Oral health screening and routine referral to a dentist starting by age 1 - Nutrition screening - Behavioral screening - Vision screening - Hearing screening - Health information - Lab tests, which may include: anemia, lead, tuberculosis, and other problems, as needed - Referral to Women, Infants, and child (WIC) program for a child up to age 5.

● If the minor/NMD is pregnant or parenting, the Resource Family should provide the needed support for attending prenatal care appointments, prenatal classes, breastfeeding classes, post-partum follow-ups, other medical appointment, etc. and consider Infant Supplement.

| Core Domain | Definition | | | | |
|---|--|---|---|---|---|
| Permanency/ Family Services | Permanency/Family Services is defined as actions in which the Resource Family must engage to promote and facilitate visitation, communication, and the identification, development, and maintenance of lifelong, supportive connections with members of their biological and non-biological families and natural support systems. Permanency/Family Services also include efforts to connect the youth with their community of origin, including connections with resources, cultural organizations, faith communities, identity-based communities such as the LGBTQ community and any other group or organization which promotes a sense of belonging, identity, and connection to culture. | | | | |
| | Permanency Activity is defined as: 1. An in-person visit with a parent, family member, sibling or siblings, or other permanent connection. 2. Child-focused/Family Focused community and cultural engagement: includes efforts to arrange, schedule and facilitate connecting the youth with their community of origin, including connections with resources, cultural organizations, faith communities, and any other group or organization which promotes a sense of belonging, identity, and connection to culture. | | | | |
| | Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least three (3) times per month and at least once (1) per week child-focused and/or family-focused community and/or cultural engagement activities. | Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least four (4) times per month and at least two (2) times per week child-focused and/or family-focused community and/or cultural engagement activities. | Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least five (5) times per month and at least three (3) times per week child-focused and/or family-focused community and/or cultural engagement activities. | Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least six (6) times per month and at least four (4) times per week child-focused and/or family-focused community and/or cultural engagement activities. | Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least seven (7) times per month and at least five (5) times per week child-focused and/or family-focused community and/or cultural engagement activities. |
| | And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for two (2) hours per week (to include transportation and travel time). | And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for four (4) hours per week (to include transportation and travel time). | And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for at least six (6) hours per week (to include transportation and travel time). | And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for at least eight (8) hours per week (to include transportation and travel time). | And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for at least ten (10) hours per week (to include transportation and travel time). |
| | And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for two (2) hours per week (to include transportation and travel time). | And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for four (4) hours per week (to include transportation and travel time). | And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for at least six (6) hours per week (to include transportation and travel time). | And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for at least eight (8) hours per week (to include transportation and travel time). | And/or For child/youth who are chronic/terminally ill and will have no family visit plan (e.g., terminated parental rights, no family, etc.), the Resource Family is required to provide and/or arrange for alternative cultural engagement and/or prosocial activities as determined by the Child and Family Team. |
| Points | 1 | 2 | 3 | 4 | 5 |
| ● The Resource Family assists the parent/guardian in improving their ability to support, care for and protect their child, including any LGBTQ child/youth, as well as actively promotes and facilitates other contact (e.g., telephone, written communication) between the in-person visits. ● Family-focused engagement acknowledges that the relationship between the youth and biological family, natural supports, and/or Resource Family is vital to the success of the of the youth's well-being. Resource Families may require additional assistance to change the way family members interact to improve the functioning of the family as a unit. ● If the minor/NMD is pregnant or parenting, consider the Infant Supplement. Also consider the additional support the Resource Family may need to provide to the parenting minor/NMD to ensure the minor's/NMD's child maintains visitation with the non-custodial parent and extended family members. | | | | | |

Levels of Care (LOC) Rate Determination Matrix

| Core Domain | Definition |
|------------------------|--|
| Static Criteria | <p>Chronic indicators that warrant the granting of the Intensive Services Foster Care (ISFC) to ensure safe placement of a child, pending a full assessment. The county may apply these if the child meets any of the following:</p> <ul style="list-style-type: none"> - Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators - Aggressive and Assaultive - Animal Cruelty - CSEC - Eating Disorder - Fire Setting - Gang Activity - Habitual Truancy - Psychiatric Hospitalization(s) - Runaway - Severe mental health issues-including suicidal ideation and/or Self Harm - Substance Use/Abuse - Three or more placements due to the child's behavior |
| Indicator | <p>If the County Placing Agency is seeking placement for a youth with a history of any of the above within the past year and the County Placing Agency has not been able to identify a Home-Based Family Care setting, the child/youth may qualify at the Intensive Services Foster Care (ISFC) level for a period of 60 days pending completion of an initial/updated assessment. After 60 days, the rate will be determined using the Level of Care Protocol Tool.</p> <p>* Due to the Static Criteria, some behaviors/symptoms may result in an automatic leveling up to the Intensive Services level of care.</p> |

CPR and First Aid Class Providers

In person CPR and First Training classes available in Los Angeles:

- <http://www.redcross.org/local/california/take-a-class/cpr-los-angeles-ca>
- <http://www.ymcala.org/metro/classes/cpr-first-aid-training>
- <http://acls123.com/free-cpr-aed-first-aid-los-angeles/>
- <http://www.cprlosangeles.com/>
- <http://gmedicalcpr.com/>
- <http://lifesaverteamcpr.com/>
- <https://www.cprtrainingpro.com/los-angeles-cpr-training/>
- <http://www.firstaidcprsafety.com/>

Online training options:

- <https://www.firstaidweb.com/>
- <https://www.nationalcprfoundation.com/>
- <https://www.nationalcprfoundation.com/courses/standard-cpr-aed-first-aid/>
- <https://www.cprandfirstaid.net/>
- <https://www.cprtoday.com/>
- http://cpr.heart.org/AHA/ECC/CPRAndECC/Training/HeartsaverCourses/HeartsaverFirstAidCPR/AED/UCM_473182_Heartsaver-First-Aid-CPR-AED-Online.jsp
- <http://www.onlinecprcertification.net/>
- <http://www.firstaidforfree.com/>

Find and Register for Classes in Your Area:

- <http://www.redcross.org/local/california/take-a-class/cpr>

Onsite Training

- <http://cpr911.org/>

FOR COUNTY USE ONLY

COUNTY: _____

CONVERSION-RESOURCE FAMILY APPLICATION

Instructions: This is the conversion application by a county for Approved Relatives/ Approved Nonrelative Extended Family Member (NREFM), or Licensed Foster Family Homes who have a child or nonminor dependent placed in their home at any time in calendar year 2017. Please print or type clearly.

I. APPLICANT(S): EACH APPLICANT MUST SUBMIT PROOF OF IDENTITY.

| 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 if they had not been previously cleared.

| 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 OR NONMINOR DEPENDENT PLACED IN THE CALENDAR YEAR OF 2017**

- Is the child or NMD currently in your home? Check one: ☐ Yes ☐ No If yes, complete RFA 01C.

VIII. CHILD DESIRED

Please indicate your preference for characteristics of a child/NMD to be placed with you.

| 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 | | |

IX. 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

**X. APPLICANT(S) DECLARATION**

I/We declare that:

- I/We have the financial ability to ensure the stability and financial security of the family.
- 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 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 a right to appeal any decision regarding the disposition of this application.

| APPLICANT(S) SIGNATURE | CITY AND COUNTY WHERE SIGNED | DATE |
|------------------------|------------------------------|------|
| | | |
| | | |

**CONVERSION TO RESOURCE FAMILY:
RELEASE OF INFORMATION**

Name of County: _____

☐ Approved Relative/Nonrelative Extended Family Member (NREFM)☐ Licensed Foster Family HomeParent Name #1: _____
(Print Name)Parent Name #2: _____
(Print Name)**RELEASE OF INFORMATION:**☐ I/We, _____ and, _____
(Print Parent Name #1) (Print Parent Name #2)

hereby authorize the Department to transfer my/our foster family home file to the County for the purpose of being approved as a Resource Family pursuant to Welfare and Institutions Code section 16519.5 and Health and Safety Code section 1517.1.

☐ I/We, _____ and, _____
(Print Parent Name #1) (Print Parent Name #2)hereby authorize the ☐ Department ☐ County ☐ _____
(Adoption Agency Name)

to copy my/our approved homestudy and any updates to my/our adoption homestudy from my/our adoption file and for said copies to be placed in my/our Resource Family file for the purpose of being deemed a Resource Family pursuant to Welfare and Institutions Code section 16519.5. A closed homestudy cannot be accepted for deeming purposes.

Upon approval as a Resource Family, I/we understand that my/our

☐ Relative Approval ☐ NREFM Approval ☐ Foster Family Home license shall be forfeited by operation of law._____
(Parent Name #1 Signature) (Date)_____
(Parent Name #2 Signature) (Date)_____
(Resource Family Worker Name) (Resource Family Worker Signature) (Date)_____
(Resource Family Worker Address)_____
(Resource Family Worker Telephone Number)



RESOURCE FAMILY APPROVAL CERTIFICATE

COUNTY NAME: _____

Is the approval child/NMD – specific? ☐ Yes ☐ No If yes, refer to RFA 01C.

(County Name)

Resource Family:

In accordance with applicable provisions of the Welfare and Institutions Codes section 16519.5 and the Resource Family Approval Written Directives,

_____ has issued
(County Name)

this **Resource Family Approval Certificate** to

at

Conditions on Approval: _____

Approval Date:

Capacity:

Authorized County Representative

PLEASE KEEP ON FILE IN RESOURCE FAMILY HOME

AGENCY USE ONLY

RFID #: _____

FFA: _____

CONVERSION-RESOURCE FAMILY APPLICATION

Instructions: This is the conversion application by a foster family agency for Certified Family Homes who have a child or nonminor dependent placed in their home at any time in calendar year 2017. Please print or type clearly.

I. APPLICANT(S): EACH APPLICANT MUST SUBMIT PROOF OF IDENTITY.

| 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 LIC 508D if they had not been previously cleared.

| 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 OR NONMINOR DEPENDENT PLACED IN THE CALENDAR YEAR OF 2017

- Is the child or NMD currently in your home? Check one: ☐ Yes ☐ No If yes, complete LIC 01C.

VIII. CHILD DESIRED

Please indicate your preference for characteristics of a child/NMD to be placed with you.

| 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 | | |

IX. 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

X. APPLICANT(S) DECLARATION

I/We declare that:

- I/We have the financial ability to ensure the stability and financial security of the family.
- 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 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 |
|------------------------|------------------------------|------|
| | | |
| | | |

**CONVERSION TO RESOURCE FAMILY:
RELEASE OF INFORMATION**

Name of Foster Family Agency: _____

Certified Parent Name #1: _____
(Print Name)Certified Parent Name #2: _____
(Print Name)**RELEASE OF INFORMATION:**I/We, _____ and, _____
(Print Parent Name #1) (Print Parent Name #2)hereby authorize the ☐ Department ☐ _____
(County Adoption Agency Name)or ☐ _____ to copy my/our approved adoption
(Adoption Agency Name)

homestudy and any updates to my/our adoption homestudy from my/our adoption file and for said copies to be placed in my/our Resource Family file for the purpose of being deemed a Resource Family pursuant to Health and Safety Code section 1517. A closed homestudy cannot be accepted for deeming purposes.

Upon approval as a Resource Family, I/we understand that my/our certified family home certificate of approval shall be forfeited by operation of law.

(Parent Name #1 Signature) (Date)_____
(Parent Name #2 Signature) (Date)_____
(FFA Worker Name) (Date)_____
(FFA Worker Signature) (Date)_____
(FFA Worker Address)_____
(FFA Worker Telephone Number)

RESOURCE FAMILY APPROVAL CERTIFICATE

In accordance with applicable provisions of the Health and Safety Code of California and Foster Family Agency Interim Licensing Standards of the California Department of Social Services, the licensed Foster Family Agency shown below has issued this Resource Family Approval Certificate to:

Resource Family Name: _____

Resource Family Address: _____

To receive and provide care for children and nonminor dependents subsequently placed by the agency.

This Approval:

1. Does not permit the acceptance of children or nonminor dependents for care from any other agency, individual, parent or guardian.
2. Is not transferable; is limited to the terms of the approval and may be rescinded at the discretion of the foster family agency or the California Department of Social Services.
3. Is granted upon the following conditions:

Capacity: _____

Conditions on Approval: _____

Date of Approval: _____

"I hereby certify that the above named Resource Family meets the approval standards in the Foster Family Agency Interim Licensing Standards."

Foster Family Agency Name

Foster Family Agency Administrator or Designee Name

License Number

Foster Family Agency Administrator or Designee Signature

Address

Title

City, State, Zip Code

Date

PLEASE KEEP ON FILE IN RESOURCE FAMILY HOME

FOSTER YOUTH EDUCATION RIGHTS



1. RIGHT TO REMAIN IN YOUR SCHOOL OF ORIGIN

- You have the right to stay in the same school after you move to a new foster care placement. Your “school of origin” can be:
 1. The school you attended when you first entered foster care,
 2. The school you most recently attended, or
 3. Any school you attended in the last 15 months that you feel connected to.
- Your school district must work with you, your education rights holder,* your caregiver, and your social worker/probation officer to develop a plan to transport you to your school of origin.
- If you are transitioning from elementary school to middle school or from middle school to high school, you have the right to transition to the same school as your classmates.
- If there is any disagreement between the school district and your education rights holder about which school you will attend, you have the right to stay in your school of origin until the disagreement is resolved.

2. RIGHT TO IMMEDIATE ENROLLMENT IN SCHOOL

- You have the right to immediately enroll in your regular home school after you move placements.
- You cannot be forced to attend a continuation school or other alternative education program, such as independent study, even if you are behind in credits or have discipline problems at school.
- You have a right to immediately enroll in school and begin attending classes, even if you do not have the paperwork you would normally need for enrollment (such as birth certificate, transcript, or IEP) or you did not check-out from your previous school.
- Your previous school must send your education records to your new school after you enroll.
- You have the right to participate in any activities available at your new school, such as sports teams, tutoring, or after-school clubs, even if you miss a tryout or sign-up deadline.

3. RIGHT TO PARTIAL CREDITS FOR HIGH SCHOOL STUDENTS

- If you change schools during the school year, you have a right to partial credits in all classes that you are passing when you leave your old school, even if you do not complete the entire class.
- After you change schools, your new school must accept the partial credits issued by your old school.
- After you change schools, you have the right to be enrolled in the same or similar classes you were enrolled in at your last school.
- You cannot be forced to retake a class or part of a class that you have already completed with a passing grade, if it would make you off-track for high school graduation.
- You have the right to take or retake any class that you need to go to a California State University or University of California.
- Your grade cannot be lowered because you were absent from school for a court hearing, placement change, or a court-related activity.

4. GRADUATION RIGHTS

- You have the right to stay in high school for a fifth year to complete your school district graduation requirements, even if you are over 18.
- If you are behind on your credits, and you transferred schools after your sophomore year, you may be eligible to graduate under AB 167/216 by completing only the state graduation requirements (130 credits in specific classes) instead of your school district’s requirements.
- If you are eligible, the decision of whether to graduate under AB 167/216 is made by your education rights holder.

5. COLLEGE RIGHTS

- You have the right to have the application fee waived when you apply to a community college in California.
- You have the right to receive the maximum amount of federal student aid and you may be eligible for up to \$5,000 per year from the Chafee scholarship.

6. SCHOOL DISCIPLINE RIGHTS

- You cannot be suspended for more than 5 school days in a row or for more than 20 days in a school year.
- You have a right to be told why you are being suspended and the right to provide your version of events and evidence before you are suspended, unless there is an emergency. If the behavior for which you are being suspended could subject you to criminal charges, you should consult with your education rights holder or attorney before providing an oral or written statement to the school or police.
- Your attorney and social worker must be invited to a meeting before your suspension can be extended beyond 5 days and a suspension can only be extended if you are being considered for expulsion.
- You have a right to a formal hearing, and to be represented by an attorney at that hearing, before you are expelled.
- If you are facing a possible expulsion, your attorney and social worker must be notified. If you are in special education, your attorney and social worker must be invited to a meeting to decide whether your behavior was related to your disability.

7. RIGHT TO YOUR SCHOOL RECORDS

- You have the right to access your school records if you are 16 years or older or have finished 10th grade.
- Your social worker/probation officer and education rights holder can access your school records as well.

NON-EDUCATION RIGHTS

As a foster youth, you also have other rights that are not related to school, such as the right to see a doctor or to have private storage space. For more information, please see the **Foster Youth Bill of Rights** (www.fosteryouthhelp.ca.gov/rights2.html)



*EDUCATION RIGHTS HOLDERS

Every foster youth under age 18 must have an education rights holder, who is required to make education decisions in the youth's best interest. Foster youth who are 18 or older have the right to make their own education decisions. Your education rights holder may be your parent or legal guardian, your caregiver, or another person chosen by the court. Your education rights holder cannot be your social worker or probation officer, your attorney, or group home or school staff members. It is important to know who your education rights holder is. If you need information about who your education rights holder is, you can contact your social worker or attorney.

If you believe your education rights have been violated,

you can file a complaint. The school has 60 days to investigate and give you a written response. For information about how to file a complaint, please visit cde.ca.gov/re/cp/uc, or call the California Dept. of Education Coordinated School Health and Safety Office at (916) 319-0914.

For more information about your education rights, please see the **Foster Youth Education Toolkit** (www.kids-alliance.org/edtoolkit) or the **California Youth Education Task Force** (www.cfyetf.org). You also can contact your school district's Foster Youth Educational Liaison or your county's Foster Youth Services Coordinating Program (FYSC) at cde.ca.gov/ls/pf/fy.

YOUR FOSTER YOUTH EDUCATIONAL LIAISON IS:

AND CAN BE REACHED AT:



PRE K-12
AND BEYOND

CALIFORNIA FOSTER YOUTH EDUCATION
TASK FORCE



A Guide for Requesting Education Records

Who is an education rights holder (“ERH”)?

- Biological parents- Unless their rights have been limited or terminated by a court
- Adoptive Parents with adoption order
- Legal Guardians with letters of guardianship from a court
- Responsible adults appointed by the court to hold education rights via JV-535 (ex. Foster parents, Relative caregivers, Court Appointed Special Advocates)

The Purpose of Requesting Records

- Track education performance over time
- To help better understand the child’s needs
- To determine interventions that have or have not worked in the past
- They allow comparison between old testing and new testing to monitor academic progress

Examples of Records you May Receive

- Report cards: They will show academic progress throughout the child’s education history
- Transcripts: These show how close to graduation a child may be based on their accumulated class credits
- Attendance records: They show whether the child is going to all of their class periods daily
- Special Education Assessments: These show a child’s current functioning both academically and behaviorally
- Individualized Education Programs (“IEPs”): These show whether services/goals are meeting the child’s needs

Procedures for ERHs to Request Education Records

1. Complete the form: Sign and date the form on the reverse side of this document. Complete one for each school the child has attended.
2. Submit the form: Turn in the completed form and proof that you hold education rights to all the schools you’re requesting records from. Proof that you hold education rights may be: a minute order or JV-535 form from the court, guardianship letters or adoption order. If you are the biological parent to the child you DO NOT need to present any proof.
3. Get proof: You should get proof that the school received your records request, in case you later have any difficulties getting the school to send records. There are 3 possible ways to get proof that you submitted the records request form.
 - If submitting the form in person, get a date stamp on the form and keep a copy as proof.
 - If submitting via fax, keep a copy of the fax transmittal report confirming that the fax was received.
 - If sending via mail, send it via certified mail. Make sure to keep the certified mail receipt as proof.
4. Get records: Schools, by law, have only 5 business days to send you the records you requested. You should call the school 2 days after submitting the records request form, to confirm that it was received and that they will be sending you records within 5 business days. If the school informs you that they do not have records for your child, ask that they put this in writing.
5. If by the 5th day you have not received any records, contact the school and request that they send them to you immediately.
6. Organize and Review Records: Once you receive the records, organize them chronologically, by school year, and read through them to make sure you received everything you requested. You should make sure that you received all of the child’s report cards, attendance records, transcripts, behavior notes/suspension notices. If your child is in special education, pay close attention to the IEP dates and make sure that you have an IEP for each year they were eligible and an assessment every three years. If you notice that anything is missing, you should go back to the school and request that they give you the missing documents.

A Guide for Requesting Education Records

Records Request

Date: _____

School Name: _____

School Address: _____

RE: Child's Name: _____

Child's Date of Birth: _____

Dear Records Clerk,

I am hereby requesting a copy of any and all general and special education records for the above mentioned child. I am requesting all records, including, but not limited to the following:

1. All Health Records
2. All Cumulative Records (including attendance, progress reports, report cards and transcripts)
3. All Disciplinary Records
4. All Star testing, Stanford 9 Scores and CAT - 6 Scores
5. All Correspondence (e.g., inter-office notes, memos, letters, etc.)

And if applicable:

6. All Special Education (e.g. psychological, educational, speech, OT, PT, etc.)
7. All Testing Protocols
8. All Individualized Education Programs

Please note that I am the education rights holder ("ERH") for this child. Please waive all fees associated with the duplication of these records, as such fees would effectively deny me access to these records. Please provide a physical copy of all records to the address below. I understand that by law, these records should be provided to me in 5 working days. 17 CCR § 52164(b); Educ. Code § 56504. Thank you for your attention to this matter. If you have any questions do not hesitate to contact me at your earliest convenience.

ERH Signature: _____

ERH Name: _____

ERH Address: _____

ERH Phone Number: _____

A Guide for Early Start Referral and Assessment

Why might a child need an Early Start assessment?

Early Start assessments can help determine whether a child has a developmental delay and whether they are in need of early intervention services. Through Early Start, a child may be eligible to receive an Individualized Family Service Plan (“IFSP”) that is specifically designed to meet their unique needs and the concerns of the family.

What does a child with a developmental delay look like?

- Fine Motor or Gross Motor delays
- Cognitive delays
- Self-Help or Adaptive delays
- Social-Emotional concerns
- Communication delays
- Formal diagnosis (e.g. cerebral palsy, autism, down syndrome)

What is an Individualized Family Service Plan (“IFSP”)?

An IFSP is a written service plan developed by the regional center service coordinator, early intervention service providers/evaluators/assessors and the education rights holder (“ERH”). IFSPs include the child’s current strengths and weaknesses and the supportive services necessary to improve the child’s developmental outcomes.

Procedures for Requesting an Early Start Assessment:

1. **Complete the form:** Fill out the form on the reverse of this document. Include your developmental concerns. Also include why you suspect the child has a disability and/or any diagnosed disabilities they already have (e.g. Down Syndrome or a neurological disorder). Make sure to sign and date the form.
2. **Submit the form:** Forward the attached form to Early Start Intake Department at the regional center. (note: Regardless of who is submitting the referral please include the education rights holders [ERH] name on the attached form. The regional center will need to contact the ERH in order to process the referral. If the child has an open DCFS case, ask the social worker to submit a DCFS 5004 referral form as soon as possible.
3. **Get proof:** You should get proof that the regional center received your request, in case you have any difficulties getting a response from the regional center. There are 3 possible ways to get proof that you submitted the Early Start referral/assessment request:
 - If submitting the form in person, get a date stamp on the form and keep a copy as proof.
 - If submitting via fax, keep a copy of the fax transmittal report confirming that the fax was received.
 - If sending via mail, send it via certified mail. Make sure to keep the certified mail receipt as proof.
4. **Get the regional center’s response:** Although there is no legal timeline in which the regional center needs to respond to this request, the law requires that the initial evaluation and assessments must be timely and if the child is eligible, the IFSP must be developed within 45 days from the initial referral. As a result, the regional center should be in touch with the ERH sometime before then in order to gather more information about the child and discuss conducting the assessments.
5. **Sign the consent for assessment:** The regional center cannot evaluate and assess the child until the consent is signed by the ERH.
6. **Holding the IFSP Meeting:** The Individualized Family Service Plan (“IFSP”) is due 45 calendar days from the date of referral, if the child is found eligible for Early Start. Make sure to ask for copies of any evaluation or assessment before the IFSP meeting so that you have a chance to review and prepare questions. You do not have to sign the IFSP document if you do not agree with the services/supports the regional center is offering. Ask your regional center for the contact information for the Office of Client’s Rights Advocacy or contact our office for additional referrals for attorneys/advocates who can help you appeal their decision. Date: _____

A Guide for Early Start Referral and Assessment

INTAKE DEPARTMENT

Name of Regional Center: _____

Address: _____

RE: Child's Name: _____

DOB: _____

Dear Intake Department,

I refer the above-named child to your Early Start Program. I request that the regional center conducts a standardized developmental evaluation to determine my child's eligibility for the Early Start program. My child also requires the following assessments:

_____ Speech and language assessment because child demonstrates the following delays:

_____ Physical therapy assessment because child demonstrates the following delays:

_____ Occupational therapy assessment because child demonstrates the following delays:

_____ Other concerns requiring assessment:

Thank you for your attention to this matter. If you have any questions do not hesitate to contact me at your earliest convenience.

Education Rights Holder Name: _____

Address: _____

Phone Number: _____

A Guide for Requesting a Special Education Assessment

Why might a child need a special education assessment?

Special education assessments can help determine whether a child has an education disability and whether they are in need of special education services. Through special education a child may be eligible to receive an Individualized Education Program (“IEP”) that is specifically designed to meet their unique needs based on their disability.

What does a child with an educational disability look like?

- Poor grades
- Poor attendance
- Low test scores
- Problems with memory, concentration or attention
- Behavior problems
- Social or emotional problems
- Speech and language problems

What is an Individualized Education Program (“IEP”)?

An IEP is a written education program developed by the school district, teachers, and the education rights holder (“ERH”). IEPs include how the child is currently doing in school, and what everyone involved will do for the next school year to improve the child’s education outcomes.

Procedures for Requesting a Special Education Assessment:

1. **Complete the form:** Fill out the form on the reverse of this document. Include what the academic and behavior concerns are. Also include why you suspect the child has a disability and/or any diagnosed disabilities they already have (e.g. ADHD or depression). Make sure to sign and date the form.
2. **Submit the form:** Turn in the attached form to the principal or special education coordinator at the child’s school.
3. **Get proof:** You should get proof that the school received your request, in case you later have any difficulties getting a response from the school. There are 3 possible ways to get proof that you submitted the special education assessment request.
 - If submitting the form in person, get a date stamp on the form and keep a copy as proof.
 - If submitting via fax, keep a copy of the fax transmittal report confirming that the fax was received.
 - If sending via mail, send it via certified mail. Make sure to keep the certified mail receipt as proof.
4. **Get the School’s Response:** Your child’s school is legally required to send you a written response within 15 calendar days of receiving the request for an assessment. Your child’s school only has two options to respond to your request. They can send you an assessment plan granting the assessment OR a written refusal to complete the assessment. DO NOT accept other options. Do not agree to a parent-teacher conference or a Student Study Team (SST) meeting instead of the assessment you requested.
5. **Review and Sign the Assessment Plan:** After you receive the assessment plan from the school, you have 15 calendar days to sign it and return it. Before returning it to the school, review the assessment plan to make sure they are doing all necessary assessments (i.e. cognition, academics, motor/processing, social/emotional/ behavioral/attention). Request in writing, on the assessment plan, to receive a copy of the assessment report(s) 5 business days before the IEP meeting.
6. **Holding the IEP Meeting:** After you return the signed assessment plan to the child’s school, the school legally has only 60 calendar days to hold an Individualized Education Program (“IEP”) meeting to discuss the results of the assessments and whether the child is eligible for special education services. Make sure to read the child’s assessment report prior to the meeting and prepare any questions you may want to ask at the meeting. If you don’t agree with the school’s determination of IEP eligibility or the services/supports they offer, don’t sign the IEP document. Ask your school for a list of attorneys/advocates who can help you appeal their decision.

A Guide for Requesting a Special Education Assessment

Special Education Assessment Request

Date: _____

School Name: _____

School Address: _____

Child's Name: _____

Child's Date of Birth: _____

Dear Principal/Special Education Coordinator:

I am currently requesting a comprehensive psycho-educational assessment for _____

who is in the _____ at _____. My child lives within the boundaries of the _____
Grade Name of School

_____ School District. This assessment is needed at this time because my
Name of School District
child has the following needs:

Academic Needs: _____

Behavior Needs: _____

Accordingly, please forward a proposed assessment plan to me within fifteen (15) calendar days. Educ. Code §§ 56043(a) and 56321(a). If you have any further questions regarding this correspondence, do not hesitate to contact me.

Sincerely,

Education Rights Holder

School Origin Best Interest Determination Procedures Worksheet

Before recommending that a foster youth move from their school of origin, the district must provide a written explanation of why a school change is in the youth's best interests, and obtain a written waiver from the ERH. The following steps guide a determination of whether a youth should remain in the school of origin or should transfer to a new school, and what plans are needed to ensure continuous school enrollment.

Student Name: _____ Current Grade: ____ Date of Meeting: _____

STEP 1: Meeting Participants

Education Rights Holder(s) ("ERH") ☐ Present? Name: _____

Mandatory Participant

Student ☐ Present? Name: _____

Caregiver(s), if different than ERH ☐ Present? Name: _____

Social Worker/Probation Officer ☐ Present? Name: _____

Minor's Attorney/Public Defender ☐ Present? Name: _____

Foster Youth Counselor/Liaison ☐ Present? Name: _____

Academic Counselor ☐ Present? Name: _____

School Administrator ☐ Present? Name: _____

Other ☐ Present? Name: _____

Other ☐ Present? Name: _____

STEP 2: Identify School Options

Option 1: School student attended before home placement change, or current school if student has not yet moved: _____.

Option 2: School of residence after home placement change: _____.

Option 3: School attended when student first entered foster care/probation system: _____.

Option 4: Any other school(s) attended within the last 15 months where the student has a connection: _____.

Option 5: Any school(s) to which the student would have matriculated (elementary to middle or middle to high school) from options 1-4 above, using district feeder patterns: _____.

School Origin Best Interest Determination Procedures Worksheet

STEP 3: Complete Best Interest Analysis By Considering Pros And Cons Of School Of Origin Options

Discuss the pros and cons of each school using the chart below. First, write in the name of each school of origin option (identified in Step 2 above) into the top row. **School Option 1, the student's current school (or the school the student attended before the home placement change), is shaded grey to remind meeting participants that it is strongly favored**, especially if the student has experienced significant school instability in the past and/or has struggled to recover after past school changes. Then, discuss with the team which school or schools best answer each question and place an "X" in the appropriate box(es).

| | Option 1 | Option 2 | Option 3 | Option 4 | Option 5 |
|---|----------|----------|----------|----------|----------|
| Name of School | | | | | |
| Student Preference What school(s) does the student want to attend? | | | | | |
| Length of Attendance Which school(s) has the student attended long enough to develop relationships, trust, and a feeling of belonging? | | | | | |
| Which school(s) would the student like more time at to continue their development of positive relationships and/or academic progress? | | | | | |
| Academic Strengths Which school(s) has the strongest academic program and/or college going culture to support the needs of the student? | | | | | |
| If the student has academic challenges, which school(s) has a robust intervention program to support the needs of the student? | | | | | |
| Which school(s) has an academic emphasis or program of interest to the student? | | | | | |
| Special Education If the student has an IEP, which school(s) can provide the most appropriate program? | | | | | |
| English Learner If the student is an English learner, which school(s) can best support the student's language development needs? | | | | | |
| Social/Emotional At which school(s) has the student developed positive relationships with peers and/or teachers? | | | | | |

School Origin Best Interest Determination Procedures Worksheet

| | Option 1 | Option 2 | Option 3 | Option 4 | Option 5 |
|---|-----------|-----------|-----------|-----------|-----------|
| If the student has experienced difficulties with peers or staff, which school(s) is free of those negative experiences? | | | | | |
| Which school(s) has positive behavioral programs, restorative justice, or other schoolwide social-emotional interventions in place? | | | | | |
| If the student would benefit from it, which school(s) provides access to school-based counseling? | | | | | |
| Timing of Transfer Which school will prevent a mid-semester school change? (Check only the school where the student is currently attending) | | | | | |
| Consistency of Curriculum Which school(s) uses the same curriculum or set of standards as the most recent school? | | | | | |
| Which school(s) follow the same graduation requirements as the most recent school? | | | | | |
| Anticipated Length of Placement If the student is in (or about to be placed in) a permanent living situation (e.g., with a relative or someone seeking legal guardianship or adoption of the student), which school(s) would also work for that home placement? | | | | | |
| Extracurricular Activities Which school(s) will enable the student to be connected to extracurricular activities? | | | | | |
| School Discipline At which school(s) does the student have positive behaviors (free or minimal discipline history)? | | | | | |
| Which school(s) has identified positive ways to address future disciplinary issues? ¹ | | | | | |
| Which school(s) are within 15 miles of the new placement? ² | | | | | |
| What is the school schedule? (Start time / End time) | ____/____ | ____/____ | ____/____ | ____/____ | ____/____ |

¹ Students who have disciplinary challenges may want a “fresh start.” Unfortunately, if the underlying issues are not addressed, this may not serve the student in the long term because similar challenges may soon appear in the new setting.

² School districts may establish a distance within which transportation to the school of origin is presumptively feasible, such as 15 miles. However, a student who lives further away may not be denied the right to attend the school of origin or denied access to transportation.

School Origin Best Interest Determination Procedures Worksheet

Impact of Distance on Education

How long is the student willing to spend in transit each day? ____ minutes

How early is the student willing to leave for school? ____ AM

How late is the student willing to get home from school? ____ PM

STEP 4: Foster Youth Liaison Recommendation

The youth's AB 490 Education Liaison: ☐ recommends or ☐ does not recommend that the youth remain in their school of origin for the following reasons: _____

STEP 5: ERH Best Interest Determination

The ERH makes the final decision about whether remaining in the current school or any other school of origin is in the student's best interest, based on the completion of the chart, all the information available to the team, the Foster Youth Liaison's recommendation, and what the ERH believes would best serve the youth's needs.

ERH Chooses: ☐ to have the youth remain in _____ school of origin OR
☐ to waive the youth's right to remain in their school of origin and requests immediate enrollment at: _____ school. (skip to Step 7 for consent)

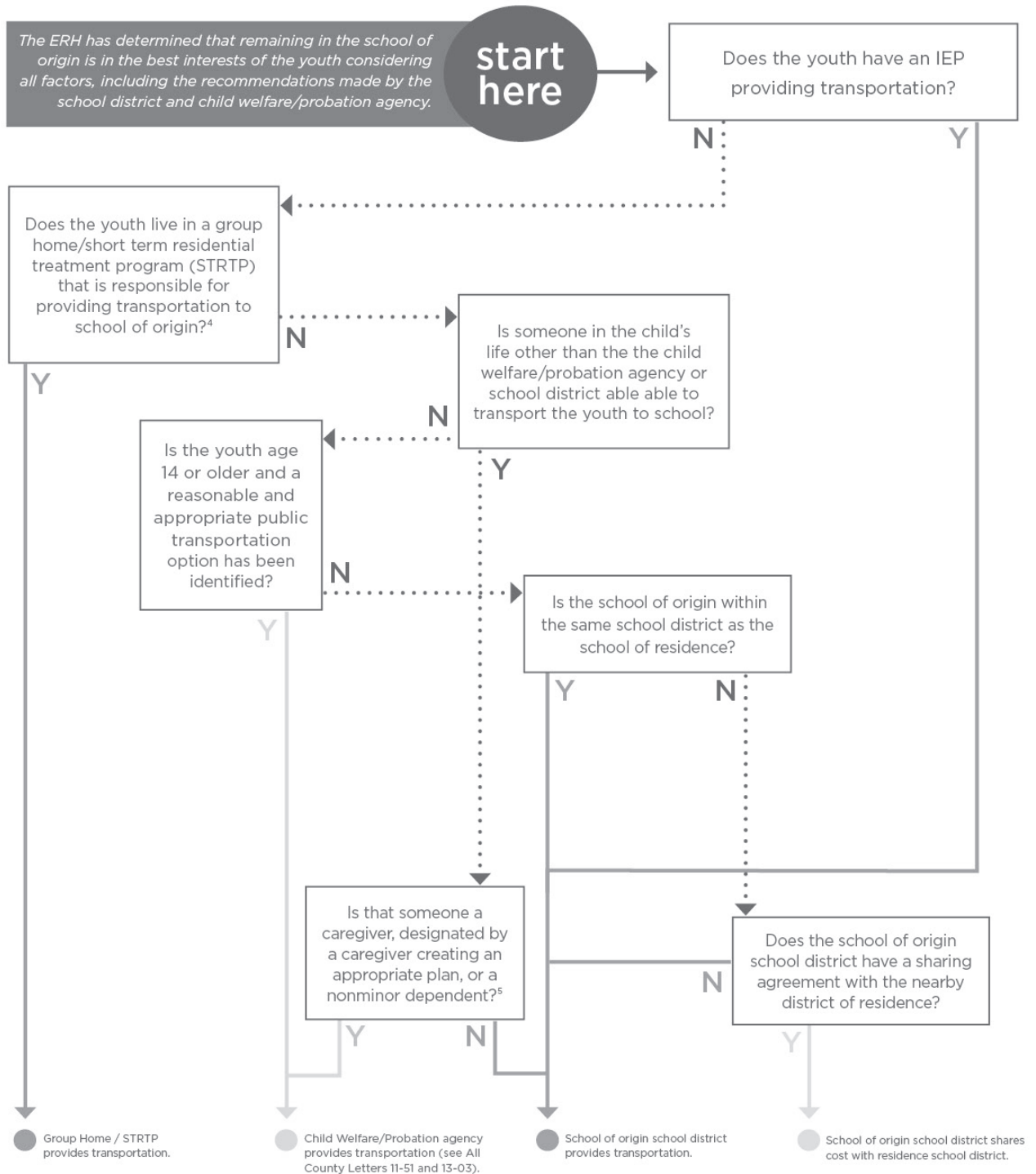
STEP 6: Transportation Plan

If the ERH decides that attendance at a school of origin is in the best interests of the student, use the Transportation to School of Origin Flowchart on the next page to identify whether the school or child welfare/probation agency will be responsible for providing that transportation and in what form (e.g., reimbursement, bus service, public transit pass, etc.).³ The child welfare/probation agency and school district may also agree to split certain costs for transportation at the end of each year.

³ Under the Every Student Succeeds Act, the written procedures describing transportation cost splitting must also describe how disputes regarding school of origin will be addressed and who will pay while the dispute is ongoing. Best practices suggest that for ease of implementation, the school of origin district where the youth already has been attending should pay for transportation in the first instance, seeking reimbursement as appropriate after the dispute is resolved.

School Origin Best Interest Determination Procedures Worksheet

Transportation to School of Origin Flowchart



⁴As of January 1, 2017, short term residential treatment programs (STRTPs) must provide core educational services such as transportation to school of origin. WIC § 11463(b). Additionally, current group home contracts for foster and probation youth may include obligations to provide and funding for transportation, including school of origin.

⁵All County Letters 11-51 and 13-03 specify guidelines for reimbursement of caregivers for transportation to school of origin. Although biological parents may not be directly reimbursed, if the court allows unsupervised visits, the caregiver can make an appropriate plan to have the parent transport the youth and be reimbursed by the child welfare/probation agency. Otherwise, the school district should provide reimbursement for biological parents who transport the youth to school.

School Origin Best Interest Determination Procedures Worksheet

Summary of Transportation Plan

Transportation to the school of origin will be provided by:

☐ Group Home / STRTP.

☐ Child Welfare or Probation Agency in the form of:

☐ Reimbursement to an individual:

Individual's name: _____

Relationship to student: _____

Agency providing reimbursement: _____

☐ Public transportation to be facilitated by the child welfare or probation agency:

The route identified is: _____

☐ The School of Origin school district in the form of:

☐ Bus or other vehicle

☐ Reimbursement to an individual:

Individual's name: _____

Relationship to student: _____

☐ Public transportation to be facilitated by the school district:

The route identified is: _____

☐ Other (including shared responsibility with nearby district). Describe: _____

STEP 7: Consent

ERH Signature: _____

Student Signature: _____

School Administrator: _____

Chart, Comparison between Resource Family, Tribally Approved Home and Tribally Specified Home

| | Resource Family | Tribally Approved Home | Tribally Specified Home |
|-----------------------------|---|--|---|
| Home Environment Assessment | A county shall conduct the Home Environment Assessment to verify that the home meets the health and safety standards and has no safety defects that could pose a hazard to the child. | Home approval may not appear to meet state approval standards, but can be suitable for tribal homes in a cultural context. | If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family." |
| Family Evaluation | A county shall conduct the assessment as: 1) 3 face to face interviews of the applicant 2) 1 separate face-to-face interview of all other persons in the home of the applicant 3) Any additional interviews deemed necessary | Look for what approval standards are required by the tribe. Family Evaluation may not be necessary depending on the licensing or approval standards set forth by the tribe. | If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family." |
| Background Checks | A county shall conduct the Background Check of the applicant and all adults residing or regularly present in the home. Refer to A14 for more details. | CDOI approved tribes have the ability to conduct their own background checks for purposes of approving homes for placement of Indian children. (SB 1460, ACL 17-62) If the tribe does not have CDOI authorization, the county shall perform the background check for the tribe. Whether the county or the tribe performs the background check for the tribal home, the tribal home is not required to be fingerprinted at the RFA level. Tribally Approved Homes are not required to adhere to the RFA standards set forth in the Written Directives. These homes shall continue to adhere to the licensing or approval standards set forth by the tribe. Background check must be completed pursuant to standards set forth in section 1522 of the HSC and reported to the county CWA. | If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family." |
| Criminal Record Exemption | A county may grant a criminal record exemption. | CDOI approved tribes have the authority to grant exemption requests. CDSS or the county may evaluate the exemption, at the tribe's request. | If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family." |

Chart, Comparison between Resource Family, Tribally Approved Home and Tribally Specified Home

| | Resource Family | Tribally Approved Home | Tribally Specified Home |
|-----------------------|--|---|---|
| | | Tribally Approved Homes are not required to adhere to the RFA standards set forth in the Written Directives. These homes shall continue to adhere to the licensing or approval standards set forth by the tribe. | |
| Pre-Approval Training | A county is responsible for making sure that each applicant completes a minimum of 12 hours of pre-approval training prior to RFA. | Look for what approval standards are required by the tribe. | If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family." |
| Written Report | A county is responsible for completing the RFA-05 RFA Written Report or the Comprehensive Assessment of an applicant. | Depending on tribal practice, written confirmation that a tribe has approved a home can be in the form of a tribal council resolution or letter from the tribe confirming that the tribe has approved the home | If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family." |
| Placement Preferences | If reunification is not possible, placement of children with relatives is the top preference. | The ICWA placement preferences are consistent with federal and state preferences for placement of children with relatives if reunification is not possible. Though some Tribes may have established differing placement preferences. | If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family." |
| Jurisdiction | The child or NMD is under the jurisdiction of the juvenile court, or otherwise in the care of a county child welfare agency or probation department. | If the residence or domicile of the Indian child is on a reservation where the Tribe exercises exclusive jurisdiction over child-custody proceedings, the State court must dismiss the State court child custody proceeding and ensure the Tribal court is sent all information regarding the Indian child custody proceeding. If the Tribe does not have exclusive jurisdiction, there is concurrent jurisdiction between the State and the Tribe. The Indian child's parents, Indian custodians, and the Tribe have the right to petition the court for Tribal jurisdiction over the Indian child. | If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family." |

Chart, Comparison between Resource Family, Tribally Approved Home and Tribally Specified Home

| | Resource Family | Tribally Approved Home | Tribally Specified Home |
|---|--|--|---|
| | | If the Tribal jurisdiction is not asserted, the Indian child custody case continues under State court with the provisions of ICWA still enforced. | |
| Transfer | Child welfare cases may be transferred to other counties if certain conditions are met. | The Indian child's parents, Indian custodians, and Tribe have the right to petition the court to transfer the proceeding to the tribal court of the Indian child's tribe. The State court must ensure the Tribal court is sent all information regarding the Indian child custody proceeding when received petition or when a Tribe asserts exclusive jurisdiction. | If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family." |
| Emergency Placement with Relative or NREFM | A county may place a child or NMD with a relative or NREFM on an emergency basis prior to RFA. An emergency placement background check must be conducted by the county agency, inclusive of criminal records check and home assessment. | A county may place a child or NMD with a relative or NREFM on an emergency basis prior to RFA. Some but not all Tribal agencies have the authority to conduct emergency placement evaluations. Consult with your tribe to determine if the tribe can conduct an emergency placement evaluation. If the tribe does not have the ability to conduct the emergency evaluation, an emergency placement background check must be conducted by the county agency, inclusive of criminal records check and home assessment. | If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family." |
| Emergency Placement Based on a Compelling Reasons | A county may place a child or NMD with an applicant prior to RFA. County agency must conduct a home assessment and background check of the applicant. | A county may place a child or NMD with an applicant prior to RFA. Some but not all Tribal agencies have the authority to conduct emergency placement evaluations. Consult with the tribe to determine if the tribe can conduct an emergency placement evaluation. If the tribe does not have the ability to conduct the emergency evaluation, an emergency placement background check must be conducted | If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family." |

Chart, Comparison between Resource Family, Tribally Approved Home and Tribally Specified Home

| | Resource Family | Tribally Approved Home | Tribally Specified Home |
|-----------------------|--|---|---|
| | | by the county agency, inclusive of criminal records check and home assessment. | |
| Annual Training | A county is responsible for ensuring that each member of a resource family completes a minimum of 8 hours annual training | Tribes maintain differing training requirements. Consult with the tribe regarding their specific training requirements. | If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family." |
| Annual Update of RFA | A county is responsible for updating the approval of a resource family, at least annually | Tribes maintain differing home approval update requirements. Consult with the tribe regarding their specific update requirements. | If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family." |
| Interstate Placements | ICPC sets the procedures among member states and U.S. territories to work together to ensure that children placed across state lines for foster care or adoption receive adequate protection and support services. | If ICPC assessment is required for Indian children moving out of California, the county in the receiving state is required to conduct the assessment and background check. Federally recognized tribes outside California do not have the authority to conduct their own background checks. | If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family." |
| AFDC-FC | All approved homes of foster children are eligible for AFDC-FC. | Family home used only for the placement of an Indian child which has either been approved by that Indian child's tribe or the county agency is eligible for AFDC-FC | If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family." |
| CalWORKs | Non-needy CalWORKs available to relative caregivers pre-RFA approval. | Indian children in care may be eligible for either a California Tribal TANF Program administered by each Tribe or Consortium or CalWORKs, so long as the child meets the eligibility requirements of the program | If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family." |



March 13, 2018

ALL COUNTY LETTER (ACL) NO. 18-25

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL MENTAL HEALTH DIRECTORS
ALL COUNTY ADOPTION AGENCIES
ALL ADOPTION DISTRICT OFFICES
ALL GROUP HOME PROVIDERS
ALL FOSTER FAMILY AGENCIES
ALL TITLE IV-E AGREEMENT TRIBES
ALL OUT-OF-STATE GROUP HOMES

SUBJECT: IMPLEMENTATION OF THE INTENSIVE SERVICES FOSTER CARE (ISFC) PROGRAM

REFERENCE: ASSEMBLY BILL (AB) 404, CHAPTER 732, STATUTES OF 2017;
HEALTH AND SAFETY CODE (HSC) SECTION 1517, WELFARE
AND INSTITUTIONS CODE SECTIONS 16519.5, 17731, 18360,
18360.05, 18360.10, 18360.15, 18360.25, 18360.35, ACL NO 16-10,
ACL NO. 16-84, ACL NO. 17-11, ACL NO.17-75, ACL NO. 17-111,
ACL NO. 18-06, ACL 18-06E, ACL NO.18-09

The purpose of this ACL is to inform and provide instructions to counties and providers implementing an ISFC program. The ISFC program is intended to serve children/youth who require intensive treatment and behavioral supports, as well as children/youth with specialized health care needs and including those served under Intensive Treatment Foster Care (ITFC). An eligible child for ISFC is a child or nonminor dependent in foster care who requires a higher level of care of supervision as determined by the Level of Care (LOC) Rate Determination Protocol (Protocol).

Eligible Families

An ISFC resource family means a resource family as defined in WIC Section [16519.5](#) or HSC Section [1517](#) and until December 31, 2019, includes a licensed foster family home or a certified family home of a licensed Foster Family Agency (FFA). Non-related legal guardians and Kinship Guardianship Assistance Payment families are not eligible to become ISFC resource parents.

Counties are encouraged to assess the capacity of their relative homes in collaboration with the FFAs to determine what strategies are effective to recruit, develop, support and/or train relatives as ISFC resource parents.

Program Description

The goal of the ISFC program is to ensure that youth in foster care receive the services they need in a home-based family care setting or to avoid or exit a short-term residential therapeutic program, group home (GH), or out-of-state GH care. The program requires specially trained resource parents and professional and paraprofessional support. Consistent with Continuum of Care Reform, the ISFC program provides core services and supports to a child/youth in foster care. These core services may include, but are not limited to arranging access to mental health treatment, providing trauma informed care and providing transitional support from foster placement to permanent home placement. Services needed by children and youth in the ISFC program who meet the eligibility criteria under other applicable publicly funded programs, including, but not limited to, mental health, education and health services shall have these services arranged for by the FFA or a County.

The role of an ISFC resource parent requires a significant commitment of time, involvement and responsibility that includes participating as an integral part of the child/youth's team. ISFC resource parents must have the ability to meet the individual intensive care needs of children/youth in this program. The ISFC program also creates an opportunity for the counties and agencies to apply promising and evidence based practices for child welfare and probation youth placed in this level of care such as but not limited to wraparound, Functional Family Therapy or Multi-Systemic Therapy.

The Role of the Child and Family Team (CFT)

Beginning January 1, 2017, placing agencies were required to convene a Child and Family Team (CFT) for all children/youth in foster care per [ACL 16-84](#). The CFT process is intended to give children/youth, and families an opportunity to provide meaningful input into their case plans, which includes placement decisions as well as services and supports. Information gathered from the CFT is extremely important when identifying initial and ongoing needs of the child/youth. A CFT meeting will be convened to discuss any placement changes and service needs for a child or youth. The team

must be consulted to identify the most appropriate placement of the child or youth, while always considering the least restrictive placement option. In addition, the CFT meeting can also provide useful information that may inform the LOC Protocol regarding the care and supervision needs for a child/youth. The ISFC level of care is part of the LOC Protocol.

Service Delivery Models

There are two ISFC service delivery models:

- The FFA model is delivered through a licensed FFA or a county licensed by the Department to run a FFA.
- The public delivery model defined as an ISFC program directly operated by a county as a governmental program.

All ISFC programs, including counties opting to operate a public delivery model must comply with the applicable ISFC statutes and the instructions in this letter.

ISFC Program Responsibilities

This section describes the program responsibilities for FFAs, and for County Welfare or Probation Departments interested in operating an ISFC program.

FFAs Operating an ISFC Program will:

- Identify how they will recruit and train ISFC resource parents.
- Accept children/youth for placement that require the intensive services and supports as described in the program statement.
- Provide placement matching between eligible children/youth with ISFC resource families.
- Provide the necessary core services and supports that are identified in the individual needs and services plan.
- Provide core services and supports either directly or by the FFA, County or secured through agreements with other agencies.
- Have the necessary professional and paraprofessional support staff.
- Have social work staff with a master's degree to provide case coordination for eligible children/youth.
- Ensure all training requirements are met (see Training Section in this ACL).
- Develop the child/youth's needs and services plan in coordination with the child/youth's case worker, ISFC resource parent and CFT.

FFAs may employ client support staff as need and appropriate.

Counties operating an ISFC Program as a Public Delivery Model will:

- Identify how they will recruit and specially train ISFC resource parents.
- Have the necessary professional and paraprofessional staff.
- Provide placement matching between eligible children/youth with foster care resource families.
- Have social work staff with a master's degree to provide case coordination for eligible children/youth.
- Ensure all training requirements are met (see Training Section in this ACL).

Counties operating this model may utilize the child/youth's case plan as the individual needs and services plan and core services may be provided either directly by the County or secured through agreements with other agencies.

ISFC and Therapeutic Foster Care (TFC)

Therapeutic Foster Care (TFC) is available as an Early and Periodic Screening, Diagnostic and Treatment, Specialty Mental Health Service (SMHS) to children/youth who are under the age of 21, who are Medi-Cal eligible and meet medical necessity criteria. TFC is a short-term, intensive, highly coordinated, trauma-informed and individualized intervention, provided by a TFC parent, and other SMHS providers associated with the TFC Agency, to a child or youth who has complex emotional and behavioral needs.

An ISFC resource parent may become a TFC parent if the ISFC resource parent meets all of the TFC requirements, including, but not limited to completing specific training, and is working under the supervision of a TFC Agency. Additional information about TFC such as TFC parent and TFC Agency requirements can be found in [ACIN-I-05-17/MHSUDS IN 17-009](#) and in the recently released [Medi-Cal Manual](#) for Intensive Care Coordination, Intensive Home Based Services, and TFC Services for Medi-Cal Beneficiaries, Third Edition.

The ISFC program is for child welfare or probation youth that are in foster care and is distinct from TFC which can be provided to any Medi-Cal beneficiary who meets specific eligibility criteria. A resource parent may be a TFC parent without becoming an ISFC resource parent.

LOC Rate Determination Protocol (LOC Protocol) Static Criteria and ISFC

As described in [ACL NO. 17-11](#), when a child requires an immediate placement based on the static criteria behavioral identifiers or situations in the LOC Protocol, the Social Worker/Probation Officers may make an immediate/urgent placement at the ISFC level to ensure the safety of a child/youth pending a LOC rate determination. As a part of the LOC Protocol rate structure, the ISFC LOC identifies the higher levels of intensive care

home based and supervision expectations to address the child/youth's complex and/or special health care or medical needs. Static criteria may be used for immediate placement needs and does not assume the child/youth will remain at the ISFC level rate once the initial LOC rate determination is completed. Counties will be able to better assess the placement needs and stabilize the placement while maintaining the child/youth safely in a home-based family setting.

The placing agency may initially pay an ISFC rate up to 60-days, for a child/youth who meets one or more of the static criteria. The care needs as presented based on the static criteria behavioral identifiers or situations must have occurred within the preceding 12 months. The initial 60-day placement may be extended an additional 60-days upon local county manager approval. The approval of additional 60-day option should only be exercised when no other appropriate and safe Home Based Family Care (HBFC) placements can be found. This type of immediate/urgent placement of the child/youth in a HBFC setting must be with a resource parent who is able to provide the care needs of the child/youth and has the capacity to be trained and meet the skill level required of an ISFC resource parent.

The training requirements for a resource parent who accept an urgent/immediate placement based on the static criteria must meet the training requirements outlined below.

ISFC Resource Parent Responsibilities and Capacity

An ISFC resource parent must:

- Participate in the development of the child/youth's plan.
- Complete all pre-placement and on-going specialized training needed to provide care and supervision for ISFC eligible child/youth. (see Training section in this ACL).
- Ensure the well-being of the child/youth, and participate in the implementation of the child/youth's needs and services plan, including participating as part of the Child and Family Team.
- Meet all requirements of the Resource Family Approval (RFA) Program.

The ISFC program allows for no more than two children/youth in foster care, one or both of whom may be an ISFC eligible child placed in an ISFC resource family home. In order to accommodate sibling group placements when at least one sibling (but no more than two) is identified as an ISFC child/youth, there can be no more than a total of five foster children in an ISFC resource family home. Prior to placement of a second ISFC child/youth, or any subsequent children/youth or sibling placement, a licensed FFA operating an ISFC program must provide each county placing agency with a written assessment of the risk and compatibility of placing subsequent foster children. Placement may then be made, if approved, by the county placing agency involved, considering the recommendations of the CFT.

ISFC Resource Parent Training

ISFC resource parents are required to complete 40 hours of pre-placement training. Those who have completed 12 hours of preapproval caregiver training during the RFA process only need an additional 28 hours to complete the required 40 hours of pre-placement training. For a FFH or Certified Family Home, up to 12 hours of preplacement training as required by HSC Section [1517](#) may be counted towards the 40-hour requirement. Finally, if the ISFC resource family is caring for children with special health care needs, training hours may be satisfied on an hour-by-hour basis for the training received pursuant to WIC Section [17731\(c\)](#).

In a two-parent household, placement of an eligible child may be made once at least one of the resource parents has completed 40 hours of pre-placement training as long as the second parent has completed 20 hours of pre-placement training. In such a circumstance, the second parent must complete the remaining 20 hours of preplacement training within 12 months of placement of the child.

The 40 hours of pre-placement training must include information relating to working with children who have experienced trauma, behavior de-escalation techniques and cardiopulmonary resuscitation and first aid. The pre-placement training may be customized to each resource parent based on the child the family intends to serve. Additional pre-placement training subject matter topics may be required by the county-placing agency, depending on the special needs of an eligible child/youth to be placed with the ISFC resource family.

Ongoing Training

ISFC resource parents must complete 24 hours of ongoing training within 12 months of the placement of an eligible child/youth, and 12 hours per year for each year thereafter. Eight hours of this required training may be satisfied each year through annual RFA caregiver training or, for FFHs or Certified Family Homes, annual training received required by that licensure or certification. As with initial training, if the ISFC resource family is caring for children with special health care needs, training hours may be satisfied on an hour-by-hour basis for the training received pursuant to [WIC Section 17731\(c\)](#).

For two-parent ISFC resource families, at least one of the parents must complete 24 hours of training within 12 months of the placement. Additionally, each parent must complete 12 hours per year for each year thereafter.

When an ISFC Level Placement is Made Before Pre-placement Training is Completed

A resource parent that has not completed the required ISFC training may accept an eligible child/youth or retain a child/youth identified as an eligible child/youth subsequent to placement under the following conditions:

- In a one-parent household, the resource parent must complete the 40 hours of required pre-placement training within 120 days after the placement, or identification, of an eligible child/youth.
- In a two-parent household, one of the parents must complete the 40 hours of required pre-placement training within 120 days after the placement, or identification, of an eligible child/youth. Additionally, the other resource parent must complete the initial 20 hours of pre-placement training within 180 days from the placement, or identification, of an eligible child/youth and complete the remaining 20 hours of preplacement training within 12 months of the placement. The other parent shall not be required to complete the 24 hours of ongoing training.
- Placement, or identification, of the eligible child is made pursuant to the LOC protocol to meet the urgent placement needs of the child.
- The county-placing agency must provide or arrange for any necessary services and supports to a child/youth in a resource family pending the family's transition to an ISFC resource family, or a placement change.

Health Care Professional Training

No resource parent or FFA staff who is a health care professional caring for a child with a specialized health care needs shall be required to complete any training or additional training determined by the responsible individualized health care plan team to be unnecessary on the basis of his or her professional qualification and expertise. Training hours may be satisfied on an hour-by-hour basis by the training received pursuant to WIC Section [17731\(c\)\(6\)](#).

For ISFC Client Support Staff working with children with special health care needs, ISFC training may also be satisfied on an hour-by-hour basis in accordance with training received pursuant to WIC Section [17731\(c\)](#) or as required by the licensing board within their scope of practice.

Agency and County Staff Training

Client Support Staff are professional and paraprofessional staff or contractors who meet the experience and education requirements of WIC Section [18360.10\(c\) \(2\), \(3\), and \(4\)](#), and are operating within the scope of practice of their license or certification. These staff can provide individualized support and services to the eligible child/youth and other individuals, as approved by the placing agency and informed by the CFT. Client support staff may include, but are not limited to, classifications such as behavioral specialists, family support specialists, family specialists, or parent partners.

Client support staff training hours remain the same as in the previous ITFC programs, but training subjects can be expanded to include training tailored to specific populations.

Client support staff shall have at least one of the following:

1. A minimum of a bachelor's degree and six months of experience in working with children/youth who have serious emotional or behavioral needs or children/youth who have special needs including, but not limited to, intensive medical needs or
2. A minimum of an associate's degree and one year of experience in working with children/youth who have serious emotional or behavioral needs, or children/youth who have special needs including, but not limited to, intensive medical needs.

The Department may waive the educational requirements described in 1 or 2 above for client support staff who have direct client supervision with at least two years of experience working with children/youth who have serious emotional or behavioral needs, or children/youth who have special needs including, but not limited to, intensive medical needs, and who have demonstrated a combination of education, skills, and experience that meets the specific needs of the target population, including, but not limited to, cultural and linguistic needs.

For ISFC client support staff who are also health care professionals working with children with special health care needs, ISFC training may also be satisfied on an hour-by-hour basis in accordance with training received pursuant to WIC Section [17731\(c\)](#), or as required by the licensing board within their scope of practice.

For a Public Delivery Model, if client support staff are hired, the support staff must have 40 hours of training to include, but not limited to, working with children/youth who have experienced complex trauma. If client support staff have completed the Child Welfare Services Core Training curricula, then this initial training requirement would be met.

ISFC RATE

Effective December 1, 2017, all ITFC and Treatment Foster Care Oregon Model (TFCO) [previously known as Multi-Dimensional Treatment Foster Care (MTFC)] providers were paid the ISFC rate as displayed in [ACL 17-75](#), Table H. Counties can continue to place ISFC children/youth with existing ITFC providers while the FFAs convert to the ISFC program. FFA Certified or RF approved parents in an existing ITFC Program should already be receiving the current ISFC rate of \$2,410.

The LOC Protocol identifies the care and supervision needs for the child/youth and the resource parents level of expected supervision and supports. The LOC Protocol is being implemented with the FFAs as outlined in [ACL NO. 18-06](#) and [ACL 18-06E](#). The LOC Protocol has been available for use by FFAs since March 1, 2018.

FFA and County Process for Submitting ISFC Program Statements/Program Descriptions

Existing FFAs that have transitioned from an ITFC to an ISFC program, and FFAs interested in implementing the ISFC program, must submit an amended FFA Program Statement Template that is updated to include the new ISFC requirements to the Foster Care Rates Bureau (FCRB). The FFA is only required to submit section 35 of the FFA Program Statement. The ISFC Section 35 of the [Program Statement template](#) should be sent to the California Department of Social Services FCRB via email to: Fosterca@dss.ca.gov. The emailed copy must have the ISFC provider's name as part of the file name to identify which provider the ISFC FFA Program Statement belongs to. A hard copy of the amended program statement must to be sent to the applicable Community Care Licensing [Children's Residential Regional Office](#).

FFAs that are new ISFC programs and that were not prior ITFC providers will receive an ISFC rate approval and issued a rate letter, and a program number from FCRB. The effective date of the rate will correspond with the date the ISFC program is approved.

Counties that are not operating as a FFA and intend to opt-in as an ISFC public delivery model shall submit an ISFC Program Description to the Department, (See Attachment). The Program Description captures how a county will meet the ISFC requirements as outlined in this letter. The County ISFC Program Description is to be emailed to Fosterca@dss.ca.gov.

Inquiries

If you have any questions regarding the rates policy information in this ACL, please contact the FCRB at (916) 651-9152 or send emails to Fosterca@dss.ca.gov.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

c: CWDA
Attachment

ATTACHMENT

County Name: _____

PUBLIC DELIVERY MODEL

ISFC PROGRAM DESCRIPTION

A. Program Goals [Reference: WIC 18360.10]

1. Identify Program goals to ensure ISFC Resource Parents are carefully selected, trained, supervised, and matched with a child or nonminor dependent.
2. Describe how the ISFC program will target and support children or nonminor dependents who required a higher level of intensive services and supports.
3. Describe procedures to request CFTs as needed, including whenever there is a risk of placement disruption.

B. Training Requirements [Reference: WIC 18360.10(b)]

- Describe how ISFC Resource Parents will be trained. Identify other ISFC training requirements consistent with WIC 18360.10(b) to include initial and any ongoing training for ISFC Resource Parents.

C. ISFC Core Services and Supports [Reference: WIC 18360.10(c)]

1. Describe core services and supports and how they will be provided or arranged to support children and non-minor dependents, including culturally relevant services.
2. Describe how a County shall arrange for services for children and youth in the ISFC program who meet the eligibility criteria under other applicable publicly funded programs, including, but not limited to, mental health, education and health services
3. Identify the staff delivering core services and supports and manner in which they will be delivered.

D. Staffing Requirements [Reference: WIC 18360.10(c)]

1. Identify how social work staff with a Master's degree will provide case coordination for ISFC eligible child/youth

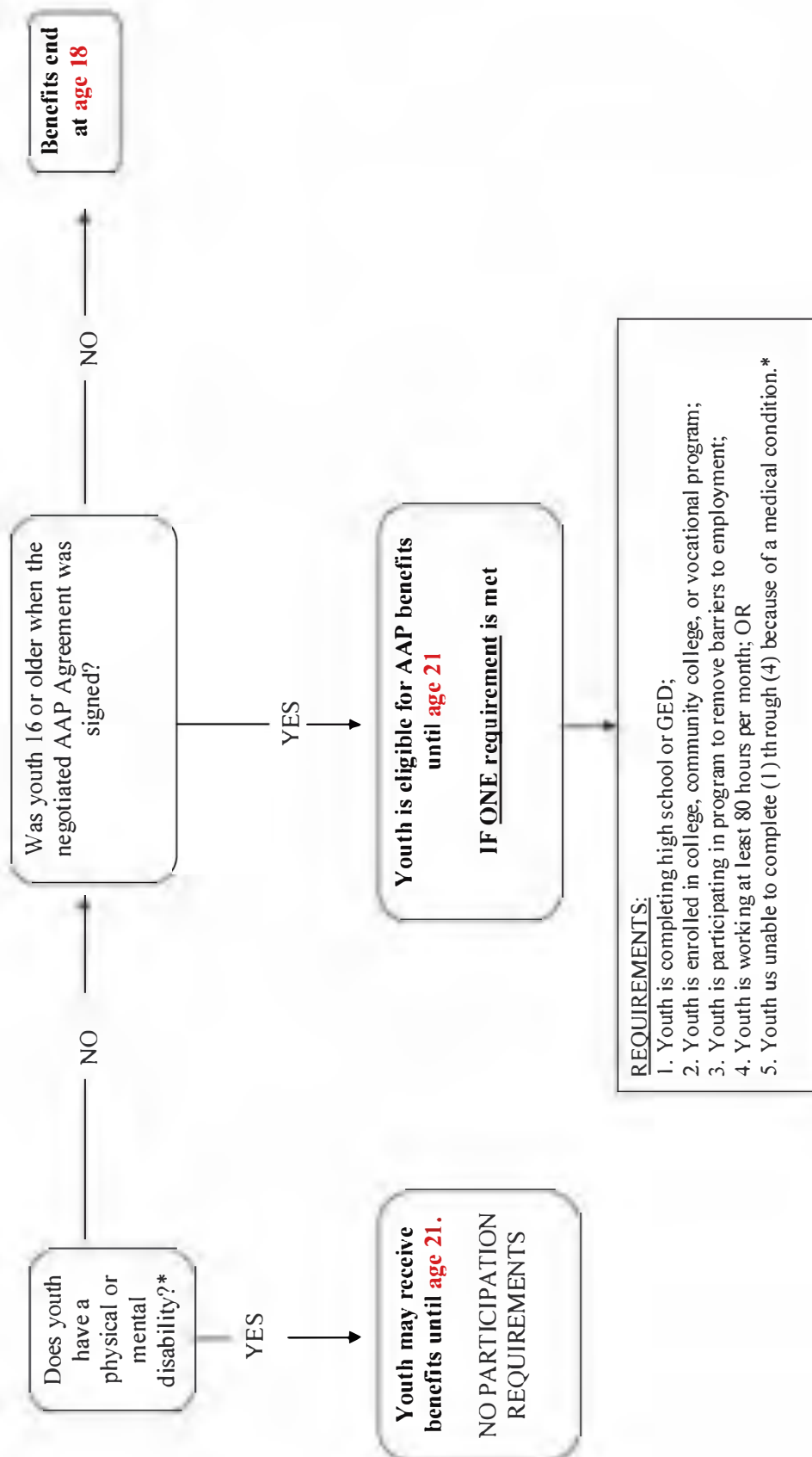
E. Staff Training Requirements [Reference: WIC 18360.10(c)]

- Ensure staff training requirements meet ISFC requirements set forth in ISFC statute

F. Needs and Services Plan [Reference: WIC 18360.15(a)]

Counties may utilize the child/youth's case plan as the individual needs and services plan.

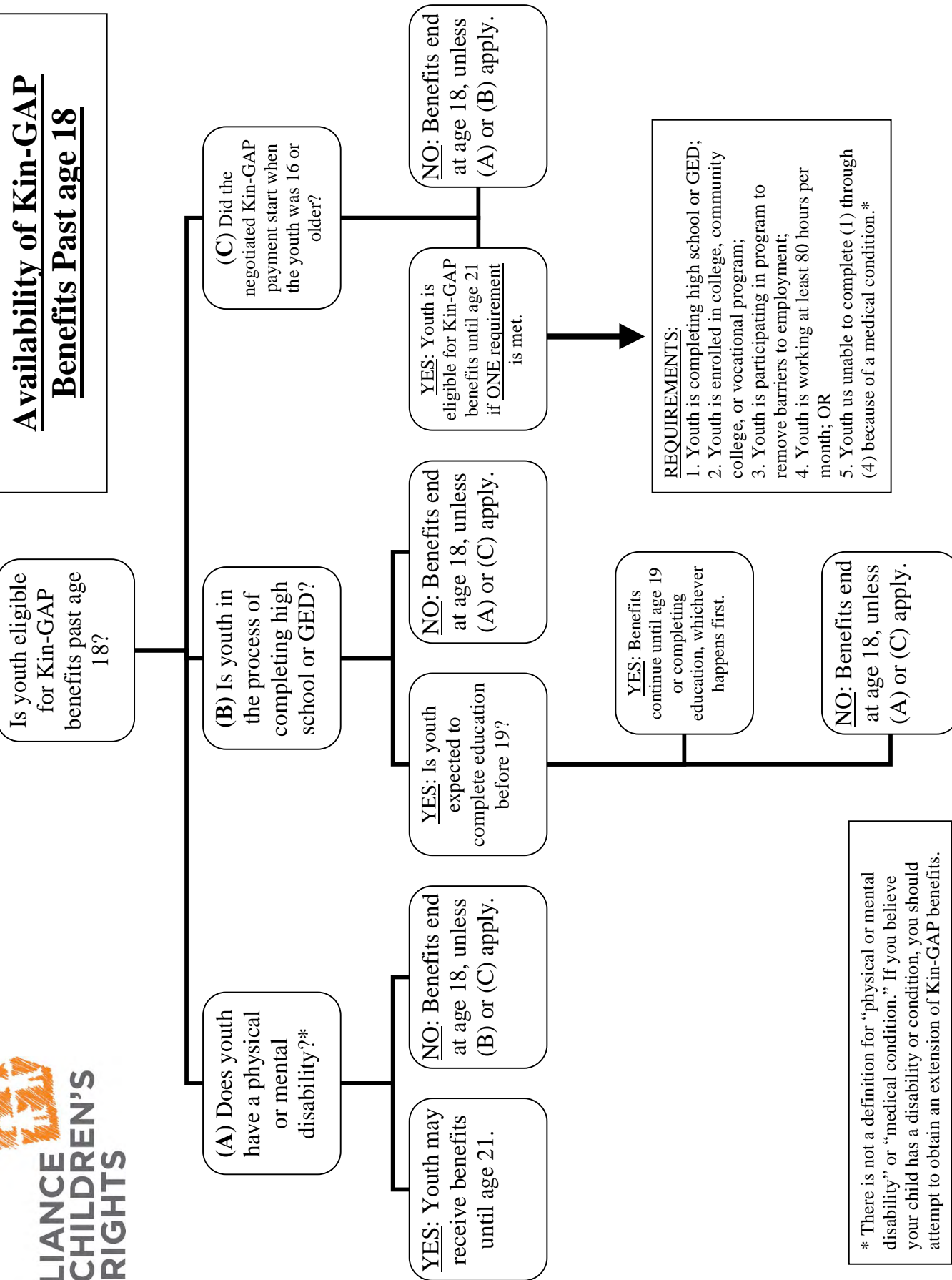
Chart, Availability of Adoption Assistance Program Benefits Past Age 18



* There is not a definition for “physical or mental disability” or “medical condition.” If you believe your child has a disability or condition, you should attempt to obtain an extension of Kin-GAP benefits.

NOTE: Youth can be adopted after age 18 and receive AAP benefits!!

Availability of Kin-GAP Benefits Past age 18



* There is not a definition for "physical or mental disability" or "medical condition." If you believe your child has a disability or condition, you should attempt to obtain an extension of Kin-GAP benefits.

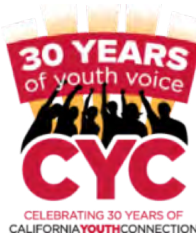
NOTE: Non-related legal guardians whose guardianship was established by the dependency court receive AFDC-FC benefits until the youth turns 21 regardless of the age of the youth when the guardianship was ordered.

How to Request a State Hearing

1. You have the right to ask for a hearing if you disagree with any county action regarding your foster care benefits. You can ask for a hearing if the county sends you a Notice of Action that you think is wrong, OR if the county's inaction causes in a delay in benefits.
2. You must ask for a hearing within 90 days of the date of the Notice of Action. If 90 days pass and you do not ask for a hearing, you can show "good cause"—good reasons why you did not ask for a hearing earlier.
3. You can request a hearing in several ways:
 - By mail to the county office listed on the notice. You can also mail your request to the state at: California Department of Social Services, State Hearings Division, P.O. Box 944243, Mail Station 9-17-37, Sacramento, CA 94244.
 - By fax to the county office listed on the notice, or to the State Hearings Division at (916) 651-5210 or (916) 651-2789.
 - Online at <https://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx>.
4. In your appeal request, you may ask to continue receiving aid until the matter is resolved. This is called "aid paid pending."
5. Once your appeal is received, you will receive a letter assigning your case to a representative from your county. You will receive another letter that lists the date, time, and location of your hearing.
6. You can discuss your case with the county representative before the hearing. Sometimes, the county representative will agree with you and sign a Conditional Withdrawal, which will require the county to correct its earlier decision. This can happen any time before the hearing.
7. If the county representative does not offer a Conditional Withdrawal in your case, then you should prepare for your hearing. You can pick up your file and the county's position statement explaining its decision at least two days before the hearing. You can submit your own written position statement any time before the hearing.
8. On the day of the hearing, you should bring your position statement and any witnesses or documents that show that the county made an error about your benefits. The Administrative Law Judge (ALJ) will ask questions from you, the county representative, and witnesses from both sides. If you have additional evidence that you want to show the ALJ but that you did not bring with you to the hearing, you can ask to leave the record open, and then submit your evidence as quickly as possible. The ALJ will send you their decision a few months later.
9. At any point in the process, you may want to consult with an attorney. Please see the Resource List on page A19 of this toolkit for a list of agencies that may be able to help.



This toolkit was created by the following Step Up Coalition members:



In partnership with these agencies and organizations:



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