

**SAMPLE**  
**DECEMBER 21, 2016****FOR COUNTY USE ONLY**

COUNTY: \_\_\_\_\_

**CONVERSION-RESOURCE FAMILY APPLICATION**

**Instructions:** This is the conversion application 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	
NAME/ADDRESS OF EMPLOYER			WORK PHONE NUMBER	OCCUPATION	ANNUAL INCOME
EMAIL ADDRESS (OPTIONAL)			CELL PHONE NUMBER	HOME PHONE NUMBER	

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	
NAME/ADDRESS OF EMPLOYER			WORK PHONE NUMBER	OCCUPATION	ANNUAL INCOME
EMAIL ADDRESS (OPTIONAL)			CELL PHONE NUMBER	HOME PHONE NUMBER	

**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		
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.				

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<b>Body of Water</b>	Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the location of the body of water and its size.	

**III. RELATIONSHIP BETWEEN APPLICANTS**

<b>IF MORE THAN ONE APPLICANT, WHAT IS YOUR RELATIONSHIP?</b> <i>Please check one.</i>	
<input type="checkbox"/> MARRIED <input type="checkbox"/> DOMESTIC PARTNERSHIP <input type="checkbox"/> RELATED (FAMILY MEMBER) <input type="checkbox"/> COHABITANTS <input type="checkbox"/> 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
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**V. OTHER ADULTS RESIDING IN THE HOME**

*Each adult residing or regularly present in the home must complete a criminal record statement RFA 01(B) 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 HISTORY			
NAME OF FORMER SPOUSE	MARRIAGE DATE & PLACE (CITY AND STATE)	DIVORCE DATE & PLACE (CITY AND STATE)	DEATH DATE & PLACE (CITY AND STATE)
APPLICANT ONE:			
APPLICANT TWO:			

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

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

**VIII. CHILD DESIRED**

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

AGE(S)	SEX	ETHNICITY	SIBLING (GROUP OF)	CHECK ALL THAT YOU ARE WILLING TO ACCEPT
<input type="checkbox"/> 0 TO 3 yrs	<input type="checkbox"/> Male	<input type="checkbox"/> Caucasian	<input type="checkbox"/> 0	<input type="checkbox"/> History of physical abuse and/or neglect
<input type="checkbox"/> 4 TO 8 yrs	<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic	<input type="checkbox"/> 2	<input type="checkbox"/> History of sexual abuse
<input type="checkbox"/> 9 TO 12 yrs	<input type="checkbox"/> No Preference	<input type="checkbox"/> African American	<input type="checkbox"/> 3	<input type="checkbox"/> History of mental illness
<input type="checkbox"/> 13 TO 15 yrs		<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> 4	<input type="checkbox"/> Medically Fragile
<input type="checkbox"/> 16 TO 18 yrs		<input type="checkbox"/> Native American	<input type="checkbox"/> 5 or more	<input type="checkbox"/> Physically Disabled
<input type="checkbox"/> 18 TO 21 yrs		<input type="checkbox"/> Other		<input type="checkbox"/> Intellectually Challenged
<input type="checkbox"/> No preference		<input type="checkbox"/> No Preference		<input type="checkbox"/> Learning Disability
				<input type="checkbox"/> Alcohol/Drug Exposure
				<input type="checkbox"/> Oppositional/Defiant Behavior
				<input type="checkbox"/> Adverse Parental Background
				<input type="checkbox"/> Different Religious Faith
				<input type="checkbox"/> Different Ethnic and/or Cultural Background
				<input type="checkbox"/> Non-Ambulatory
				<input type="checkbox"/> Probationary Youth
				<input type="checkbox"/> LGBTQ

**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?  
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?  
If yes, name the facility(s): \_\_\_\_\_
- Have you had a previous license, certification, relative or nonrelative extended family member, or resource family approval application denial?  
Check one:  Yes  No
- Have you had a license, certification, or approval suspended, revoked, or rescinded?  
Check one:  Yes  No
- Have you been subject to an exclusion order?  
Check one:  Yes  No

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DECEMBER 21, 2016****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 have the ability and willingness to comply with the applicable laws, regulations, and Written Directives governing the Resource Family Approval Program.
- I/We understand that children and nonminor dependents have personal rights under Welfare and Institutions Code section 16001.9 and the Written Directives and I/we have the ability and willingness to safeguard those rights.
- I/We have the ability and willingness to understand the safety, permanence, protection, and well-being needs of children and nonminor depended who have been victims of child abuse and neglect, and the ability and willingness to meet those needs, including the need for protection.
- I/We have the ability and willingness to understand my/our role as a Resource Family and the ability to work cooperatively with the agency, county, and other service providers in implementing the child's or nonminor dependent's case plan.
- I/We have the ability and willingness to maintain the least restrictive and most family-like environment that serves the needs of a child or nonminor dependent.
- I/We affirm that the information provided on this form is true, and 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, if applying with the County.

APPLICANT(S) SIGNATURE	CITY AND COUNTY WHERE SIGNED	DATE