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Resource Family Written Update Report Instructions

This Resource Family Written Update Report has been prepared in compliance with the Written Directives for Counties and the Interim Licensing Standards for Foster Family Agencies (FFA). It contains confidential information that shall not be disclosed except for authorized purposes. This report may be shared with county staff for the purposes of placement matching of children only.

When completing the Resource Family Written Update Report, the County, Department, or foster family agency may use this form (RFA 06) or another template. If using another template, the content contained in the RFA 06 must be included to ensure it adheres to the RFA standards.

It is important for a worker to use his or her knowledge, skills, and abilities to determine when additional information should be included in the Written Update Report and assessed utilizing best practices when updating the approval of a Resource Family.

If, at any time, the County, Department, or foster family agency determines it has sufficient information to rescind approval of a Resource Family, it may cease further review of the Resource Family and include the relevant conclusions in the update report.

COUNTIES ONLY: Counties are strongly encouraged to discuss the potential rescissions during a legal consult with CDSS Legal Division prior to making a final determination to rescind approval of a Resource Family.

FOSTER FAMILY AGENCIES ONLY: FFAs that are considering a rescission of approval are strongly encouraged to discuss the potential rescission with their agency's management and/or their legal counsel as appropriate prior to making a final determination to rescind approval of a Resource Family.

When updating the information contained in this report, the worker should document new strengths of the Resource Family, including the rationale for the strength and how it supports the Resource Family's ability to continue to meet the qualifications of a Resource Family. The worker should also document any new concerns or prior concerns that have since resolved and describe any historical or current events contributing to that the concern, the frequency and duration of the concern, how the concern was (or attempted to be) resolved, and the impact this concern has on the Resource Family's ability to continue to meet the qualifications of a Resource Family.

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RESOURCE FAMILY INFORMATION		
Resource Family 1 (Full Name):		Resource Family 2 (Full Name):
Telephone:		Telephone:
Address:		
Application Received Date:		
Initial Approval Date:		
Reason for Update:	Annual <input type="checkbox"/>	Change of Address <input type="checkbox"/>
	Other <input type="checkbox"/>	

Type of Care Resource Family is Primarily Interested in Providing (Check all that apply)	
Foster Care: <input type="checkbox"/>	Adoption: <input type="checkbox"/>
Legal Guardianship: <input type="checkbox"/>	

Summary of Changes to the Demographics of the Resource Family

Describe any changes to the demographics of the family since written assessment report completed. If there are no changes, document that. If there are changes, include at minimum the following information specific to the change.

- No Changes to the demographics of the family
- Changes to the demographics of the family
 - Identifying information on any children or adults not previously identified as residing in the home (Include all adults and children. Identify foster children in home as "Child #1, etc. and complete last page):

<input type="checkbox"/> Adult/ <input type="checkbox"/> Child residing in the home:	
Date of Birth:	Age:
Gender:	
Ethnicity:	
Tribal Affiliation (if any):	
Relationship (for a child, include whether the relationship is biological, adoption,	

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guardianship, or other):
Language(s) Spoken:
Result of TB Screening for Adults:

<input type="checkbox"/> Adult/ <input type="checkbox"/> Child residing in the home:	
Date of Birth:	Age:
Gender:	
Ethnicity:	
Tribal Affiliation (if any):	
Relationship (for a child, include whether the relationship is biological, adoption, guardianship, or other):	
Language(s) Spoken:	
Result of TB Screening for Adults:	

<input type="checkbox"/> Adult/ <input type="checkbox"/> Child residing in the home:	
Date of Birth:	Age:
Gender:	
Ethnicity:	
Tribal Affiliation (if any):	
Relationship (for a child, include whether the relationship is biological, adoption, guardianship, or other):	
Language(s) Spoken:	
Result of TB Screening for Adults:	

<input type="checkbox"/> Adult/ <input type="checkbox"/> Child residing in the home:	
Date of Birth:	Age:
Gender:	
Ethnicity:	
Tribal Affiliation (if any):	
Relationship (for a child, include whether the relationship is biological, adoption, guardianship, or other):	
Language(s) Spoken:	
Result of TB Screening for Adults:	

<input type="checkbox"/> Adult/ <input type="checkbox"/> Child residing in the home:	
Date of Birth:	Age:
Gender:	

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Ethnicity:
Tribal Affiliation (if any):
Relationship (for a child, include whether the relationship is biological, adoption, guardianship, or other):
Language(s) Spoken:
Result of TB Screening for Adults:

<input type="checkbox"/> Adult/ <input type="checkbox"/> Child residing in the home:	
Date of Birth:	Age:
Gender:	
Ethnicity:	
Tribal Affiliation (if any):	
Relationship (for a child, include whether the relationship is biological, adoption, guardianship, or other):	
Language(s) Spoken:	
Result of TB Screening for Adults:	

- Any other relevant information

Summary of Home Environment Assessment

Evaluate and determine whether the Resource Family's home and grounds, outdoor activity space, and storage areas continue to comply with the Written Directives for Counties or the Interim Licensing Standards for Foster Family Agencies.

The Resource Family's home continues to meet the home environment assessment standards.

DAP Attached, if applicable

Fire Clearance Attached, if applicable

The Resource Family's home does not meet the home environment assessment standards. *If home does not meet the home environment standards, provide information regarding what standards were not met and what attempts to resolve them were made.*

General Description of the Home

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If the Resource Family has changed or changes have occurred to the home, the County/agency shall include the following information, to assist a placing agency with a general description of the home:

Description of the home (inside and outside) and neighborhood including the following:

- Type of residence (single family home, apartment, etc.)
- The number of bedrooms/bathrooms
 - Distribution of family members in bedrooms
 - How many children (including current children in the home) may occupy bedrooms in accordance with the Written Directives for Counties or the Interim Licensing Standards for Foster Family Agencies.
- How long the family has lived there
- Proximity to services (schools, hospitals, etc.)
- Any other relevant information (e.g. weapons in the home)

Summary of Background Check Assessment

A discussion regarding the criminal history of the people listed here will be discussed later on in this report.

- There has been no change with the background check assessment standards.
- There has been a change or update to the background check assessment standards. *Please describe what has occurred; include any new individuals who have completed a background check, any subsequent arrest notifications, any new exemptions that may have been granted/denied, etc.*

If a new criminal records check was completed for other adults residing or regularly present in the home include the following information:

- Insert Names of Adults

Updated Assessment of Family

Please describe any significant changes that have occurred to the family since the last assessment was completed.

- Include the dates that each individual, including the Resource Family, were interviewed.
- Discussion regarding any new information for Background Check Assessment results, Some items to consider may include:
 - Individual's description of what occurred and the individual's determination of the likelihood of reoccurrence.

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- If different, characteristics and demographics of a child/nonminor dependent best served by the Resource Family.

Summary of Post-Approval Training
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Provide a brief description of the training the Resource Family completed, including the number of hours and any evaluation feedback provided by the trainer(s). *(When more than one individual was approved as a Resource Family, all individuals must complete post-approval training to maintain approval.)*

Describe any specialized training the Resource Family completed, if any.

Determination of Resource Family's Continued Commitment and Capability to Meet the Needs of a Child/Nonminor Dependent

Review all information gathered through the update of the Resource Family and describe any changes since the last assessment, if any. Possible areas that may be considered include but are not limited to:

Updates to the strengths/weaknesses of each Resource Family– Some items to consider may include:

Applicant 1:

- Concerns documented by supporting evidence/information.
- Attempts by the County/agency or Resource Family (s) to resolve/mitigate the concerns.
- The RFA worker's determination of whether the concern has been resolved.
- Additional resources/services/training RFA worker recommends to a family to enhance their parenting skills/abilities or to meet the needs of a child or nonminor dependent.
- The Resource Family's understanding of the needs, safety, permanence, and well-being of children or nonminor dependents, including those who have been victims of abuse or neglect.
- The Resource Family's continued ability and willingness to participate in the Quality Parenting Initiative Partnership Plan, if applicable.
- Continued willingness of the Resource Family to work collaboratively with service providers, public agencies etc.

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- An update of the Resource Family's understanding of the legal and financial responsibilities for providing care to a child or nonminor dependent.
- Any other relevant information

Applicant 2:

- Concerns documented by supporting evidence/information.
- Attempts by the County/agency or Resource Family (s) to resolve/mitigate the concerns.
- The RFA worker's determination of whether the concern has been resolved.
- Additional resources/services/training RFA worker recommends to a family to enhance their parenting skills/abilities or to meet the needs of a child or nonminor dependent.
- The Resource Family's understanding of the needs, safety, permanence, and well-being of children or nonminor dependents, including those who have been victims of abuse or neglect.
- The Resource Family's continued ability and willingness to participate in the Quality Parenting Initiative Partnership Plan, if applicable.
- Continued willingness of the Resource Family to work collaboratively with service providers, public agencies etc.
- An update of the Resource Family's understanding of the legal and financial responsibilities for providing care to a child or nonminor dependent.
- Any other relevant information.

Capacity Determination – List the number of children or nonminor dependents for whom the Resource Family is capable of providing care. Some items to consider may include:

- Resource Family's request for number of children
- Agency's determination of capacity and justification if different than Resource Family's request

Determination of Continued Resource Family Approval
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State if the family continues to meet the standards to maintain their approval as a Resource Family. If the determination is to rescind the approval of the Resource Family, include at minimum the following:

- Justification of determination with supporting evidence/documentation



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- Determination whether or not the family has failed to demonstrate any of the following as indicated in the Written Directives for Counties or the Interim Licensing Standards for Foster Family Agencies.
 - An understanding of the safety, permanence, and well-being needs of children and nonminor dependents who have been victims of child abuse and neglect.
 - A capacity and willingness to meet those needs, including the need for protection.
 - A willingness to make use of support resources offered by the agency, or a support structure in place, or both.
 - An understanding of children’s and/or nonminor dependents’ needs and development, effective parenting skills or knowledge about parenting.
 - A capacity to act as a reasonable and prudent parent in day to day decision making.
 - An understanding of his or her role as a Resource Family.
 - A capacity to work cooperatively with the County and other service providers in implementing a child’s or nonminor dependent’s case plan.

Resource Family Approval

Amend language as appropriate

I certify that _____ continues to meet the assessment criteria
(Insert names of Resource Family)

of a Resource Family. They are approved to provide care for up to _____.
(Insert capacity number)

Or

I certify that _____ has not continued to meet the
(Insert names of Resource Family)

assessment criteria of a Resource Family and their approval has been rescinded.

_____	_____	_____
RFA Worker Printed Name	Signature	Date



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_____	_____	_____
Supervisor Printed Name	Signature	Date

Receipt of RFA Written Update Report		
By signing below I acknowledge that I have received a copy of this report.		
_____	_____	_____
Resource Family 1 Printed Name	Signature	Date
_____	_____	_____
Resource Family 2 Printed Name	Signature	Date

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Considerations for Placing Agency

Provide additional information that may be beneficial for a placing agency to consider before placing a child with the family. An example of considerations may include:

- Family's willingness to accept probation children
- Behaviors the family is best equipped/not equipped to manage
- Family's ability to maintain a child's cultural ties
- Any other relevant information

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Confidential List of Foster Children

This page is to remain confidential and is not to be attached to copies of the Written Update Report.

Child #1: Insert Name of Child _____ Date Placed: _____

Child #2: Insert Name of Child _____ Date Placed: _____

Child #3: Insert Name of Child _____ Date Placed: _____

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