ACKNOWLEDGEMENT OF FULL RESOURCE FAMILY APPROVAL REQUIREMENTS

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Resource	Family	/ Al	pproval Applicant Name:			_
a tempor Division o	r ary ap of Chilo	pro l W	val only. I/We agree to coo	perate with the	ent as part of the Resource Family ne Yolo County Health and Human required to meet the full Resourc ur case.	n Services Agency (HHSA)
I/We und my/our c	lerstan are.	d t	-		erstand the placement of the chi may be necessary for the child/r	-
	tials					
	_	1.	I/We will complete and sub my/our care. Due Date:	mit an RFA ap	olication within 5 business days o	of a child/ren being placed in
	2		All adults residing in my/out calendar days of a child/ren	being placed	re required to complete a Live Sca in my/our care or within 10 caler ject to RFA background check red	ndar days of the CLETS check,
	3		·	•	rs of pre-approval training and 8 child/children placed in my/ our	•
	4	1.	I/We agree to work coopera	atively with the	e RFA social worker to develop a	training plan.
	į	5.	I/We will be required to obt	ain and maint	ain age appropriate CPR and Firs	t Aid certifications.
	(õ.	I/We may need to obtain a	health screen.		
	7	7.	I/We must provide any miss documents.	ing informatio	on in the application and provide	any necessary supporting
	8	3.	There may be minimal cost	associated wit	h the RFA process.	
	9	9. I/We will be expected to cooperate with RFA to complete the Family Evaluation. The RFA Social Worke				
	must complete a minimum of 2 face-to-face interviews per applicant plus an individual interview v					
			-		pectation is the resource family a	applicants are available at least
					during the family evaluation.	
]	10. An emergency placement assessment and the temporary placement of a child/ren in my/our home d not guarantee approval as a Resource Family home or continued placement of child/ren.				
	-	11. I/We will engage and respond with RFA Social Workers. RFA Social Workers will attempt to engage 5-6 times over mail and phone before issuing a Notice of Action; denying the application for lack of program engagement.				
	-		announced inspection of the	e house, indivi	e the approval of the Resource Fadual interviews with all individual all activities related to the family	als residing in the home, and
statemer	nts ass	ocia	ted with this application for	approval, inc	al process and will not make any uding information regarding the my of the services to be provided	caregiver/s, qualifications
Caregiver				2	Caregiver's Signature	Date
Social Wo	orker's	Sig	nature			

RFA Acknowledgement (01/22/2021)

^{*}CDSS Resource Family Approval program Written Directives