



# COUNTY OF YOLO

Health and Human Services Agency

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Applicant #1: \_\_\_\_\_

Applicant #2: \_\_\_\_\_

## RESOURCE FAMILY APPROVAL INACTIVE/SURRENDER/WITHDRAWAL

We have reviewed the requirements for becoming a Resource Family (RF) and determined that I/we hereby request (check one):  Inactive  Surrender  Withdrawal of the RFA

Anticipated date inactive status will end: \_\_\_\_\_

I/We understand the following:

- I/we can re-apply for a specific child by calling the child's social worker.  
**Note:** Placement decisions may have already been determined.
- I/we can re-apply to provide care for other juvenile dependency children by calling 530-666-8501.
- Attendance at Orientation is valid for One year.
- Attendance at the RFA Training with FKCE is Valid for One year.
- I/we understand we will have to re-fingerprint for the Agency.

Applicant #1	Date	Applicant #2	Date

Verbal (check one)  Inactive  Surrender or  Withdrawal provided

### Reason for Inactive, Surrender or Withdrawal:

RFA Social Worker	Date	RFA Supervisor	Date