



## Reference/Background Check and Termination Process Policy

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant) Print Name (Co-Applicant)*

- Participation in the application process is not a guarantee of approval as a resource family or placement of children.
- Section 1506.8 of the Health and Safety Code (H&S) requires that all Foster Family Agencies (FFA) contact any county or state offices that have licensed or approved any applicant to operate a licensed foster home or resource home, or any Foster Family Agency that has certified or approved an applicant as a foster, adoptive, or resource family.
- Alba Care Services Inc. FFA is required to conduct a history check with Community Care Licensing, courts, and other agencies prior to approval. Clearances from Riverside and/or San Bernardino counties are required prior to placement and include a search for any history of contact with Child Protective Services.
- By signing this form, you are hereby authorizing Alba Care Services Inc. FFA to conduct a reference check based upon information provided by you. Alba Care Services Inc. FFA may contact listed references, adult children, and/or other individuals during the course of this reference check. Information provided during these contacts may be deemed confidential if the source does not grant permission to share the information with the applicant.
- **By signing this form, you are declaring that the information provided on this form is true, correct, and complete.**
- **Anyone knowingly submitting material information that is false pursuant to section 1506.7, 1506.8 and 1506.9 H&S is guilty of a misdemeanor. Applicant(s) understand that if false information is provided or information relevant to the process is withheld, Alba Care Services Inc. FFA reserves the right to terminate the approval process of the prospective resource family.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



**Please list all addresses in the last 10 years:**

Street Address:	City:	State:	Zip Code:	Date(s):
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____



### INITIAL APPLICATION

Applicant: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Co-Applicant: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City ZIP: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Social Security #: Applicant: \_\_\_\_\_ Driver's License #: Applicant: \_\_\_\_\_  
Co-Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

**MARITAL STATUS:**

Single    Married    Divorced    Separated    Widowed

**ETHNICITY:**

Applicant    African American    Asian    Caucasian    Latino    Other  
Co-Applicant    African American    Asian    Caucasian    Latino    Other

**EDUCATION:**

Highest Level of Education Completed: \_\_\_\_\_  
Major: \_\_\_\_\_ Degree \_\_\_\_\_

Are you now or have you ever been a relative caretaker, foster parent, certified parent, or the licensee for any Community Care Licensed Facility?  Yes  No

If yes, Dates: \_\_\_\_\_ Licensed/Certified by: \_\_\_\_\_

Have you ever been decertified, or placed on hold as a foster parent?  Yes  No

If yes, please explain Circumstances and County and State in which action took place:

**HOME DESCRIPTION:**

Have you resided in California for less than 2 years?  Yes  No

How long have you resided at your current address? \_\_\_\_\_

Your residence is: (check all that apply)

House  Apartment  Trailer  Condo    1-story  2-story

Fenced Yard:  Yes  No   Swimming Pool:  Yes  No   Pond:  Yes  No

Bedrooms: Describe each bedroom in your home. Indicate size, number of and type of beds, number of occupants, and indicate whether it is upstairs or downstairs.

	Size	Number of & type of beds	# of occupants	Up & Down
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Available schools: list the name of schools and their grade levels in the school attendance districts where you reside.

\_\_\_\_\_  
\_\_\_\_\_



This application does not guarantee approval, licensure, or placement of child(ren) in your home. **Any falsification of the information may result in immediate denial of your application request.** Note: ALBA CARE SERVICES INC complies with provisions of the Multiethnic Placement Act of 1994 (MEPA) as amended by Interethnic Adoption Provision of the Small Business Job Protection Act of 1996, MEPA section 1808. The Federal Multi-Ethnic Act (MEPA) states: An agency may not deny to any person the opportunity to become a Resource Family applicant, on the basis of race, color or national origin, gender identification of the person, or of the child involved. An agency may not delay or deny the identification of the Resource Family applicant, or the child involved.

**HEALTH OF HOUSEHOD MEMBERS:**

*Note: A physical exam is mandatory for primary applicants and may be required for others in the home.*

Both Applicants: <i>Please Provide detailed responses. Use a separate sheet of paper if needed.</i>			
1. Discuss completely any medical problems you have had or currently have.			
2. Have you ever been diagnosed or received treatment for mental illness, substance abuse, marital or family counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to # 2, Please explain.			
Are you or have you ever been on any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to #3, 3A must be completed. Please exclude medications prescribed to treat common illnesses such as flu, ear infections, etc.			
3A. Medication	Dosage	Prescribed By	Date started & Discontinued

Do you or anyone in your household have any physical condition that could impair or limit the ability to care for foster children?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you or anyone in your household use tobacco?  Yes  No

If yes, who? \_\_\_\_\_ For how long? \_\_\_\_\_

Have you or anyone in your household ever had been treated for any of the following:

- |                          |                          |                  |                          |                          |                  |                          |                          |                         |
|--------------------------|--------------------------|------------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|-------------------------|
| Yes                      | No                       | Alcoholism       | Yes                      | No                       | Heart Condition  | Yes                      | No                       | Tuberculosis            |
| <input type="checkbox"/> | <input type="checkbox"/> |                  | <input type="checkbox"/> | <input type="checkbox"/> |                  | <input type="checkbox"/> | <input type="checkbox"/> |                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes         | <input type="checkbox"/> | <input type="checkbox"/> | Mental Illness   | <input type="checkbox"/> | <input type="checkbox"/> | Serious physical injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizure Disorder | <input type="checkbox"/> | <input type="checkbox"/> | Use of narcotics |                          |                          |                         |

If yes to any of the following, please explain: \_\_\_\_\_



REFERENCES: List 3 people who have known you for at least 2 years and who are not relatives.

	Name	Address	Zip	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**FAMILY COMPOSITION:**

a. List all children under the age of 18 living in the household. Please identify any children you have guardianship or have legally adopted.

Name	DOB	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. List any other person(s) over the age of 18 living in the home:

Name	Relationship to applicant	DOB	Sex	SSN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PERSONAL INFORMATION:**

Religious Preference/Church Affiliation: \_\_\_\_\_

Languages Spoken Other than English: \_\_\_\_\_

Have you ever been arrested?  Yes  No

Have you or anyone in your household ever plead “no contest” or been convicted of a crime, other than a minor traffic violation for which the fine was less than 50.00?  Yes  No

If yes, please attach a written explanation.

I understand that any false statement or omission, whether intentional or not, are grounds for revocation of the application or decertification. I declare the statements on this form are correct to the best of my knowledge.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



## STATEMENT OF APPLICANT(S) UNDERSTANDING

I, \_\_\_\_\_ and I, \_\_\_\_\_  
UNDERSTAND THE AGENCY'S PRIMARY CONCERN TO FIND THE BEST POSSIBLE HOME  
FOR CHILD, THEREFORE:

Health and Safety Code Section 1506.8 provides:

“Before certifying a family home, a foster family agency shall contract any foster family agencies by whom an applicant has previously been certified and any state or county licensing offices that have licensed applicant as a resource parent, and shall conduct a reference check as to the applicant.”

Health and Safety Code Section 1506.9(b) provides:

“Neither the department, a foster family agency, or a county shall incur civil liability for providing a county or a foster family agency with information if the communication is for purpose of aiding in the evaluation of an application for certification of a family home by a foster family agency or for licensure as a foster home or approval of a relative placement by a county or by the department”

Health and Safety Code Section 1536(c) provides in part:

“... a foster family agency may request information from, or indulge information to, the department, a county, or a foster family agency, regarding a prospective certified parent, or a relative caregiver for the purpose or, and as necessary to, conduct a reference check to determine whether it is safe and appropriate to license, certify, or approve an applicant to be a certified parent, resource parent, or relative caregiver”

**IF WE HEREBY CERTIFY THE FOREGOING FACTS ARE TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. I//WE UNDERSTAND THAT ANY FALSIFYING OF INFORMATION MAY RESULT IN IMMEDIATE DENIAL OF THIS APPLICATION.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



## STATEMENT OF APPLICANTS RESPONSIBILITY

This is an agreement between ALBA CARE SERVICES FOSTER FAMILY AGENCY  
(Agency) and \_\_\_\_\_  
(Foster Family caregiver(s) for the provision of foster care services to child(ren) placed in care).

### I. SERVE AS AN ACTIVE MEMBER OF THE SERVICE DELIVERY TEAM.

#### THE FOSTER CAREGIVER(S) WILL:

1. ADHERE TO THE AGENCY'S POLICY ON DISCIPLINE, FOLLOWING PRUDENT PARENTING STANDARDS.
2. PARTICIPATE IN CASE PLANNING CONFERENCES, TEAM MEETINGS AND FOSTER CARE REVIEW. BOARD MEETINGS IF APPLICABLE.
3. CLOSELY OBSERVE AND DOCUMENT THE FOSTER CHILD'S BEHAVIOR SO THAT IT CAN BE CLEARLY AND SPECIFICALLY COMMUNNICATED TO THE SERVICE DELIVERY TEAM.
4. INFORM THE CASEWORKER OF ANY SPECIAL NEEDS OF THE CHILD, INCLUDING EDUCATIONAL TREATMENT MEDICAL PHYSICAL ETC
5. ENCOURAGE THE FOSTER CHILD TO COMMUNICATE WITH THE CASEWORKER.
6. BUILD A RELATIONSHIP WITH THE PRIMARY FAMILY OF THE CHILD TO ENCOURAGE THE RELATIONSHIP AND FACILITATE REUNIFICATION. IF CALLED FOR IN THE CASE PLAN.
7. ENCOURAGE VISITATION BETWEEN THE CHILD AND THE PRIMARY FAMILY IF CALLED FOR IN THE CASE PLAN.
8. BEFORE REQUESTING THE REMOVAL OF A CHILD FROM THE HOME MAKE EVERY EFFORT TO MAINTAIN THE CHILD'S CURRENT PLACEMENT. REQUEST AN EMERGENCY TEAM MEETING REGARDING THE REQUESTED REMOVAL, IF NEEDED.
9. RESPECT THE FINAL DECISION MADE BY THE CONSENSUS OF THE SERVICE DELIVER TEAM.
10. EVERY FOSTER FAMILY **WILL** BE REQUIRED TO PROVIDE SUPERVISION TO EVERY CHILD PLACED IN THEIR CARE FOR 24 HOURS UNLESS THE CHILD IS AT SCHOOL OR IN AN AUTHORIZED VISIT.
11. OVERNIGHT BABYSITTING OR RESPITE CARE MUST BE IN A LICENSE OR RF CERTIFIED FOSTER HOME WITH FFA LICENSE APPROVED FOSTER CAREGIVERS AND APPROVED BY ACSI AND CSW.

### II. MEET THE CHILD'S BASIC DAILY NEEDS

#### THE FOSTER CAREGIVER WILL:

1. PROVIDE FOR THE CHILD FOOD, SHELTER, RECREATIONAL OPPORTUNITIES, EDUCATION AS REQUIRED. MAINTENANCE OF CLOTHING AND TRANSPORTATION AS DEFINED IN THE CASE PLAN.
2. PROVIDE FOR THE CHILD: GUIDANCE, DISCIPLINE, MORAL INSTRUCTION, AND/OR OPPORTUNITY FOR RELIGIOUS PRACTICES AND NORMALLY OBSERVED HOLIDAYS AND SPECIAL OCCASIONS.
3. INTRUCT THE CHILD IN GOOD HEALTH AND HYGIENE HABITS.
4. RESPECT EACH CHILD AS A UNIQUE INDIVIDUAL AND OFFER NURTURING, LOVING CARE WHICH ENHANCES THE CHILD POSITIVE QUALITIES.
5. TRANSPORT AND ACCOMPANY THE CHILD TO MEDICAL AND DENTAL APPOINTMENTS
6. INVESTIGATE AND ENCOURAGE THE DEVELOPMENT OF THE CHILD'S PARTICIPATION IN COMMUNITY ACTIVITIES.
7. ASSIST IN PREPARING THE CHILD FOR TRANSITION TO THE PRIMARY FAMILY, ADOPTIVE FAMILY INDEPENDENT LIVING OR OTHER LIVING ARRANGEMENTS.
8. PRUDENT PARENTING: The caregiver shall be responsible for applying the Reasonable and Prudent Parent Standard as defined in Welfare and Institutions Case section 362.04 and specified in sections 362.0 and 727. Application of the reasonable and prudent parent standards shall not result in the denial of the rights of a "child" as specified in Welfare and Institutions Code section 16001.9, or contradict court orders or the written plan identifying the specific needs and services of the "child".



The caregiver should consider information provided or known about a “child” when determining the best interest of the “child”. This information includes the history, behavioral tendencies, mental and physical health, medications, abilities and limitations, developmental level of, and court orders for, the “child”. The social worker, physician, counselor, and educator of a “child” are valuable resources for obtaining this information.

9. HAVE A PLAN ACCEPTABLE TO THE AGENCY FOR PROVISION OF CARE AND SUPERVISION OF THE CHILD BY A COMPETENT PERSON WHENEVER CAREGIVER(S) IS ABSENT FROM THE HOME. THE CAREGIVER AND AGENCY SHALL FOLLOW TITLE 22 REGULATIONS 89373 WHEN THE CAREGIVER IS IN NEED OF:
  - a) Occasional short-term babysitter
  - b) Alternative caregiver
  - c) Respite Care
  - d) Leaving the child Alone without supervision
10. KEEP RUNNING NOTES OR QUESTIONS OF IMPORTANCE MATTERS IN ORDER TO HAVE THE MOST PRODUCTIVE DISCUSSIONS WITH THE CASEWORKER AT WEEKLY HOME VISITS.
11. DEVELOP AND MAINTAIN A LIFE BOOK FOR EACH FOSTER CHILD TO CHRONICLE THEIR LIFE WHILE IN FOSTER CARE AND ENSURE THAT IT GOES WITH THE CHILD TO EACH PLACEMENT.

### III. CONFIDENTIALITY

The foster caregiver will:

Maintain private or personal information including, but not limited to, any medical condition or treatment, psychiatric diagnosis or treatment, history of abuse, school reports reflecting poor performance or behavior and information relating to biological family or the “child or non-minor dependent (NMD),” maintained in confidence. The caregiver shall disclosed information about the “child or NMD.” to the biological family, Juvenile Court, the minor’s social worker, placement worker, probation officer, physician, psychiatrist, CASA, attorney, authorized representative, and licensing and approved agency, unless such disclosure is prohibited by the court. As needed to ensure appropriate care, supervision, or education of the “child,” the caregiver shall disclosed information to respite care providers, occasional short-term babysitters, alternative caregivers, school officials and other persons, unless such disclosure is prohibited by court order.

### IV. TRAINING

The foster caregiver will:

1. Complete all pre-service and in-service training as required for licensing, and in accordance with Alba Care Services training requirements for Resource Parents.

### V. POLICIES AND PROCEDURES

The foster care giver will:

1. Be Licensed in accordance with the policies of Alba Care Foster Family Agency and comply with all the rules
2. Be aware and familiar with, adhere to and keep appraised of foster care regulations and standards.
3. Give the agency adequate notice (seven working days when requesting removal or a child from the home, except where there is an immediate danger to the foster child or others if the child is not removed
4. Adhere to Alba Care Services Inc., policy on discipline.

**I (WE) HAVE READ AND AGREE WITH THE CONTENTS OF THIS DOCUMENT**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date





## Health and Safety Code

### Foster Family Agency

---

#### Health and Safety Code Section 1506.7(a)

Health and Safety Code Section 1506.7(a) provides that “A foster family agency shall require the owner or operator of a family home applying for certification to sign an application that shall contain, but not be limited to, the following information:

(1.) Whether the applicant has been certified, and by which foster family agency:

- I have never been certified by a foster family agency. (Primary)  
 I have never been certified by a foster family agency. (Secondary)  
 I have been certified by a foster family agency in the past. (Primary)  
Name of FFA: \_\_\_\_\_  
 I have been certified by a foster family agency in the past. (Secondary)  
Name of FFA: \_\_\_\_\_

(2.) Whether the applicant has been decertified, and by which foster family agency:

- I have never been decertified by a foster family agency. (Primary Applicant)  
 I have never been decertified by a foster family agency. (Secondary Applicant)  
 I have been decertified by a foster family agency in the past. (Primary Applicant)  
Name of FFA: \_\_\_\_\_  
 I have been decertified by a foster family agency in the past. (Secondary Applicant)  
Name of FFA: \_\_\_\_\_

(3.) Whether a placement hold has been placed on the applicant by a foster family agency, and by which foster family agency:

- I have never had a placement hold placed on me before. (Primary Applicant)  
 I have never had a placement hold placed on me before. (Secondary Applicant)  
 I have had a placement hold placed on me before in my past. (Primary Applicant)  
Name of FFA: \_\_\_\_\_  
 I have had a placement hold placed on me before in my past. (Secondary Applicant)  
Name of FFA: \_\_\_\_\_



(4.) Whether the applicant has been a foster home licensed by a county or the state and, if so, by which county or state, or whether the applicant has been approved for relative placement by a county:

I have never been licensed by a county or state or approved for relative placement by a county or state. (Primary Applicant)

I have never been licensed by a county or state or approved for relative placement by a county or state. (Secondary Applicant)

I have been licensed by a county or state or approved for relative placement by a county or state. (Primary Applicant)

Name of County or State: \_\_\_\_\_

I have been licensed by a county or state or approved for relative placement by a county or state. (Secondary Applicant)

Name of County or State: \_\_\_\_\_

I have read and understand and have had explained to me any questions I had regarding the above Statements. **I certify that the information provided above is true and correct and I am aware that I am signing this form under penalty of perjury.**

\_\_\_\_\_  
Primary Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Applicant's Signature

\_\_\_\_\_  
Date

I have explained the above policies and have answered any questions asked to me regarding these procedures.

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



## Health and Safety Code

**ALBA CARE SERVICES INC**  
**Foster Family Agency**

---

### Health and Safety Code Sections 1506.7(b)(1)/1506.1(b)(2)

Health and Safety Code Section 1506.7(b)(1) provides “The application form signed by the owner or operator of the family home applying for certification shall contain notice to the applicant for the certification that the foster family agency is required to check references of all foster family agencies that have previously certified the applicant and of all state or county licensing offices and the signing of the applicant constitutes the authorization of the applicant for the foster family agency to conduct its check of references.

Health and Safety Code Section 1506.7(b)(2) provides in part “Submitting false information is a violation of law punishable by incarceration, a fine, or both incarceration and a fine.”

I have read and understand and have had explained to me any questions I had the above statements.

\_\_\_\_\_  
Primary Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Applicant’s Signature

\_\_\_\_\_  
Date

I have explained the above policies and have answered any questions asked to me regarding these procedures.

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



## STATEMENT OF APPLICANT(S) AGREEMENT

I (WE) AGREE THAT ALBA CARE SERVICES INC FOSTER FAMILY AGENCY CANNOT ISSUE A CERTIFICATION OF APPROVAL NOR PLACE CHILDREN WITH OR WITHOUT OUR AGREEMENT TO THE FOLLOWING CONDITIONS.

**I (WE) VOLUNTARILY AGREE:**

TO REPORT TO THE AGENCY ANY CHANGE OF ADDRESS BEFORE MOVING, SICKNESS IN THE FAMILY OR CHANGES IN THE FAMILY HOUSEHOLD AND SICKNESS OF, OR ACCIDENT TO, CHILD OR CHILDREN PLACED WITH US.

- TO TREAT THE CHILD OR CHILDREN WHOM WE MAY RECEIVE FOR FOSTER CARE AS MEMBERS OF OUR FAMILY
- TO SECURE PERMISSION OF THE SUPERVISING AGENCY BEFORE MAKING PLANS TO TAKING THE CHILD OR CHILDREN OUT-OF-STATE.
- TO CARRY OUT INSTRUCTIONS OF THE AGENCY FOR CARE OF THE CHILD AND TO COOPERATE WITH THE AGENCY IN MAINTAINING STANDARDS.
- TO ALLOW THE REPRESENTATIVE OF THE AGENCY TO VISIT THE HOME, WE AGREE THE AGENCY MAY MAKE UNANNOUNCED HOME VISITS.
- THAT THE AGENCY HAS THE RESPONSIBILITY TO MAKE AND CARRY OUT PLANS FOR THE TRANSFER OF CHILDREN PLACED IN OUR HOME TO OTHER HOMES, ADOPTION, RETURN TO RELATIVES OR OTHER DISPOSITION AS MAY APPEAR TO THE AGENCY TO BE FOR THE BEST INTEREST OF ANY CHILD PLACED WITH US. THIS TRANSFER PLANS WILL BE DISCUSSED WITH US, ALONG WITH OUR OBSERVATION AND RECOMMENDATIONS, TO ASSIST THE AGENCY TO MAKE THE MOST APPROPRIATED PLANS FOR THE CHILD.
- THAT THE REASONS FOR REFUSAL TO ACCEPT THE PLACEMENT OF A CHILD IN OUR HOME CANNOT BE BASED ON RACE, COLOR, RELIGION, SEX, HANDICAP, NATIONAL ORIGIN OR ANCESTRY, SEXUAL ORIENTATION AND GENDER IDENTITY.
- TO OBTAIN ANY REQUIRED TRAINING BEFORE LICENSURE OR PRE-LICENSURE
- TO MAINTAIN THE CHLD'S CONFIDENTIALITY

THE INFORMATION GIVEN IN OUR APPLICATION IS TRUE AND COMPLETED TO THE BEST OF OUR KNOWLEDGE, **AND WE ARE SIGNING THIS FORM UNDER PENALTY OF PERJURY.** WE EACH HAVE READ AND AGREE TO COMPLY WITH THIS STATEMENT OF AGREEMENT AND ALL OTHER RULES OF WHICH WE HAVE RECEIVED A COPY.

I (WE) HAVE RECEIVED A SIGNED COPY OF THE STATEMENT OF AGREEMENT FOR OUR RECORDS.

---

Applicant's Signature

---

Date

---

Co-Applicant's Signature

---

Date

I HAVE DISCUSSED THIS AGREEMENT WITH EACH OF THE ABOVE APPLICANT(S), AS WELL AS THOSE CALIFORNIA FOSTER CARE REQUIREMENTS FOR WHICH CLARIFICATION WAS REQUESTED.

---

Agency Representative Signature

---

Date



**The agency's minimum requirements for prospective Resource Family are:**

1. Have the ability to comply with all appropriate Title 22 regulations relating to Resource Family Agency Inc.
2. Be physically and emotionally able to provide adequate care, supervision, and training to children placed.
3. Have the ability to be sensitive to, and accommodate issues and difference of, a child, particularly those relating to race, ethnicity and cultural background.
4. Be 21 years old
5. Be able to demonstrate knowledge of principles of child care supervision, nutrition, and food preparation, housekeeping, sanitation and hygiene, recognition of early signs of illness, need for professional assistance, and ability to set reasonable behavior limits, and offer appropriate instrumental and emotional support.
6. Be able to provide for adequate and appropriate space, privacy, and safety of a foster child.  
For example:
  - a. Resource homes must have enough space available in each bedroom to accommodate for a bed for each minor equipped with a clean mattress and pillow(s) in good repair, and a clean linen (blankets, bedspread, sheets, pillow cases and mattress pad). A bassinet, crib that meets the previously mentioned requirements.
  - b. Each room cannot have more than 2 people, including a non-minor dependent and a child, or another non-minor dependent, share a room.
  - c. Each bedroom has at least one operable window or door that ensures safe, direct, emergency exit to the outside. If security window bars are used, is considered operable if equipped with safety released devices.
  - d. Indoor and outdoor halls, stairs, ramps, porches are free of obstructions
  - e. Yard and outdoor activity space shall be provided free from hazards that endanger the health and safety of a normal dependent.
  - f. Home contains at least 1 toilet, 1 sink, and 1 tub or shower maintained in a safe, clean operating condition.
  - g. Home is maintained at a safe and comfortable temperature at all times.
  - h. The minor dependent safety is ensured in homes with fireplaces, open-faced heaters, and woodstoves.
  - i. Necessary lighting is provided in all rooms and other areas to ensure comfort and safety in the home. Hot water from faucets is delivered at a safe temperature.
  - k. Waste is stored, located and disposed of in a manner that will not permit the transmission of communicable disease or odors, create a nuisance, or provide a breeding place or food source for insects or rodents.
  - l. Home has indoor sprinkling system or functioning smoke detector installed in the hallway(s) of each sleeping area audible in each bedroom or sleeping room.
  - m. Each minor dependent has access to clean bath linens (towels, hand towels, and wash cloths) and a well-lit desk or table space.



- n. Swimming pools, fixed in-place wading pools, hot tubs, spas, and other similar bodies of water are inaccessible to a minor dependent who is developmentally, mentally, or physically disabled or a minor dependent parent's children who is under 10 years of age or who is developmentally, mentally, or physically disabled. Inaccessibility meets the requirements of §89387(d)(2)(A) through (d)(2)(D) and §89387(e).
  - o. Storage areas of firearms and other dangerous weapons are locked. In lieu of locked storage, the caregiver utilizes trigger locks or has removed and locked the firing pin/s separately from the firearm/s. Ammunition is stored and locked separately from firearms.
  - p. Household knives and appliances, medications, and disinfectants and cleaning solutions are stored where accessible to the minor dependent while maintaining the safety of the minor dependent and others in the home.
  - q. Children older than the age of eight years cannot share a room with a member of the opposite sex.
7. If there are other children present in the family home, there is a willingness to share the home with a foster child.
8. Understand that all placed children, unless otherwise stated in the case plan/case, update/ court orders, are to receive services that facilitate the reunification of the child with his/her family.

Prospective Resource parents should be aware that the purpose of the training meetings is for you to gather information and ask questions regarding resource parenting and for the agency to conduct an initial screening, At the conclusion of the orientation meeting, prospective Resource parents who believe they meet the minimum requirements and wish to proceed further are provided with the initial application material.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



## PERSONAL REFERENCE FORM

Name of Applicant(s): \_\_\_\_\_

**As part of the process for becoming approved as a resource parent with Alba Care Services Foster Family Agency, the named applicant(s) has given us your name as a personal reference. All responses are confidential. Please fill out the following and return the sealed envelope as soon as possible. Your cooperation is greatly appreciated. If you have any questions, please contact us at (760) 353-2533.**

Como parte del proceso para ser aprobado como padre de recurso en Alba Care Services Foster Family Agency, los solicitantes nombrados nos han dado su nombre como referencia personal. Todas las respuestas son confidenciales. Por favor llene lo siguiente y devuelva el sobre sellado lo antes posible. Su cooperación es muy apreciada. Si tiene alguna pregunta, comuníquese con nosotros al (760) 353-2533.

**Reference's Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_  
Nombre de referencia: \_\_\_\_\_ Numero Telefonico \_\_\_\_\_

**Address:** \_\_\_\_\_  
Dirección \_\_\_\_\_

**How long have you known the applicants?**

¿Desde cuándo conoces a los aspirantes?

**What is your association or relationship with applicant(s)? (professional, social, neighbors, etc.)**

¿Cuál es su asociación o relación con los solicitantes? (profesional, social, vecinos, etc.)

**If applicable, how do you view the applicants' current marital or domestic relationship?**

Si corresponde, ¿cómo ve la relación marital o doméstica actual de los solicitantes?

**How would you describe each applicant's individual personalities, character, interests, and health? (including integrity, honesty, ability to nurture. Be sure to specify for each person separately)**

¿Cómo describiría las personalidades individuales, el carácter, los intereses y la salud de cada solicitante?

(Incluyendo integridad, honestidad, capacidad de nutrir. Asegúrese de especificar para cada persona por separado)

**Does each applicant appear to manage personal and financial affairs adequately?**

¿Parece que cada solicitante maneja adecuadamente los asuntos personales y financieros?



**Please describe the applicant or applicants' lifestyle, activities, and interests.**  
Describe el estilo de vida, actividades e intereses del solicitante o de los solicitantes.

---

---

---

---

---

**Describe the qualities that each applicant exhibits that would contribute to their ability to effectively parent.**  
Describe las cualidades que exhibe cada solicitante que contribuirían a su capacidad para ser padres de manera efectiva.

---

---

---

---

---

**How do/does the applicant(s) handle stressful situations or problems?**  
¿Cómo el / los solicitante(s) maneja situaciones o problemas estresantes?

---

---

---

---

**To your knowledge, has this person ever been convicted of a crime?**  
Que usted sepa, ¿alguna vez se ha condenado a esta persona por un delito?

---

---

\_\_\_\_\_  
Signature of Reference (Firma de referencia)

\_\_\_\_\_  
Date (Fecha)

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date





## PERSONAL REFERENCE FORM

Name of Applicant(s): \_\_\_\_\_

**As part of the process for becoming approved as a resource parent with Alba Care Services Foster Family Agency, the named applicant(s) has given us your name as a personal reference. All responses are confidential. Please fill out the following and return the sealed envelope as soon as possible. Your cooperation is greatly appreciated. If you have any questions, please contact us at (760) 353-2533.**

Como parte del proceso para ser aprobado como padre de recurso en Alba Care Services Foster Family Agency, los solicitantes nombrados nos han dado su nombre como referencia personal. Todas las respuestas son confidenciales. Por favor llene lo siguiente y devuelva el sobre sellado lo antes posible. Su cooperación es muy apreciada. Si tiene alguna pregunta, comuníquese con nosotros al (760) 353-2533.

**Reference's Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_  
Nombre de referencia: \_\_\_\_\_ Numero Telefonico \_\_\_\_\_

**Address:** \_\_\_\_\_  
Dirección \_\_\_\_\_

**How long have you known the applicants?**

¿Desde cuándo conoces a los aspirantes?

**What is your association or relationship with applicant(s)? (professional, social, neighbors, etc.)**

¿Cuál es su asociación o relación con los solicitantes? (profesional, social, vecinos, etc.)

**If applicable, how do you view the applicants' current marital or domestic relationship?**

Si corresponde, ¿cómo ve la relación marital o doméstica actual de los solicitantes?

**How would you describe each applicant's individual personalities, character, interests, and health? (including integrity, honesty, ability to nurture. Be sure to specify for each person separately)**

¿Cómo describiría las personalidades individuales, el carácter, los intereses y la salud de cada solicitante?

(Incluyendo integridad, honestidad, capacidad de nutrir. Asegúrese de especificar para cada persona por separado)

**Does each applicant appear to manage personal and financial affairs adequately?**

¿Parece que cada solicitante maneja adecuadamente los asuntos personales y financieros?



**Please describe the applicant or applicants' lifestyle, activities, and interests.**

Describe el estilo de vida, actividades e intereses del solicitante o de los solicitantes.

---

---

---

---

---

**Describe the qualities that each applicant exhibits that would contribute to their ability to effectively parent.**

Describe las cualidades que exhibe cada solicitante que contribuirían a su capacidad para ser padres de manera efectiva.

---

---

---

---

---

**How do/does the applicant(s) handle stressful situations or problems?**

¿Cómo el / los solicitante(s) maneja situaciones o problemas estresantes?

---

---

---

---

**To your knowledge, has this person ever been convicted of a crime?**

Que usted sepa, ¿alguna vez se ha condenado a esta persona por un delito?

---

---

\_\_\_\_\_  
Signature of Reference (Firma de referencia)

\_\_\_\_\_  
Date (Fecha)

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date



## PERSONAL REFERENCE FORM

Name of Applicant(s): \_\_\_\_\_

**As part of the process for becoming approved as a resource parent with Alba Care Services Foster Family Agency, the named applicant(s) has given us your name as a personal reference. All responses are confidential. Please fill out the following and return the sealed envelope as soon as possible. Your cooperation is greatly appreciated. If you have any questions, please contact us at (760) 353-2533.**

Como parte del proceso para ser aprobado como padre de recurso en Alba Care Services Foster Family Agency, los solicitantes nombrados nos han dado su nombre como referencia personal. Todas las respuestas son confidenciales. Por favor llene lo siguiente y devuelva el sobre sellado lo antes posible. Su cooperación es muy apreciada. Si tiene alguna pregunta, comuníquese con nosotros al (760) 353-2533.

**Reference's Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_  
Nombre de referencia: \_\_\_\_\_ Numero Telefonico \_\_\_\_\_

**Address:** \_\_\_\_\_  
Dirección \_\_\_\_\_

**How long have you known the applicants?**

¿Desde cuándo conoces a los aspirantes?

**What is your association or relationship with applicant(s)? (professional, social, neighbors, etc.)**

¿Cuál es su asociación o relación con los solicitantes? (profesional, social, vecinos, etc.)

**If applicable, how do you view the applicants' current marital or domestic relationship?**

Si corresponde, ¿cómo ve la relación marital o doméstica actual de los solicitantes?

**How would you describe each applicant's individual personalities, character, interests, and health?**

**(including integrity, honesty, ability to nurture. Be sure to specify for each person separately)**

¿Cómo describiría las personalidades individuales, el carácter, los intereses y la salud de cada solicitante?

(Incluyendo integridad, honestidad, capacidad de nutrir. Asegúrese de especificar para cada persona por separado)

**Does each applicant appear to manage personal and financial affairs adequately?**

¿Parece que cada solicitante maneja adecuadamente los asuntos personales y financieros?



**Please describe the applicant or applicants' lifestyle, activities, and interests.**  
Describe el estilo de vida, actividades e intereses del solicitante o de los solicitantes.

---

---

---

---

---

**Describe the qualities that each applicant exhibits that would contribute to their ability to effectively parent.**  
Describe las cualidades que exhibe cada solicitante que contribuirían a su capacidad para ser padres de manera efectiva.

---

---

---

---

---

**How do/does the applicant(s) handle stressful situations or problems?**  
¿Cómo el / los solicitante(s) maneja situaciones o problemas estresantes?

---

---

---

---

---

**To your knowledge, has this person ever been convicted of a crime?**  
Que usted sepa, ¿alguna vez se ha condenado a esta persona por un delito?

---

---

---

\_\_\_\_\_  
Signature of Reference (Firma de referencia)

\_\_\_\_\_  
Date (Fecha)

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date



## Transportation Agreement

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant)* *Print Name (Co-Applicant)*

Agree to transport foster children to and from **all appointments and visitations** such as:

- Children’s Court Hearings Yes  No
- Biological family visits authorized by Court Yes  No
- Doctor Yes  No
- Dentist Yes  No
- Psychologist Yes  No
- Psychiatrist Yes  No
- Department of Children and Family Service Office Yes  No
- Extra-curricular activities Yes  No
- Participation at Child and Family Team Yes  No
- Pre-adoptive and permanency activities Yes  No
- Any other activity that Child may require transportation to Yes  No

If you answered “No” to any of the above-mentioned questions, please re-consider your choice to become a resource parent.

If, for some reason, I am unable to transport them, I agree to have an alternate transportation available at all times.

**Note:** By law, all children must have a car seat and seat belt each and every time they are being transported by you. Effective January 1, 2017 children under 2 years of age shall ride in a rear-facing car seat unless the child weighs 40 or more pounds OR is 40” or more inches tall. Children under age 8 or 4’9” must be properly buckled into a car seat or booster in the back seat.

\_\_\_\_\_  
 Applicant’s Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co-Applicant’s Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agency Representative Signature

\_\_\_\_\_  
 Date



## Child Safety Seat Agreement

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant)* *Print Name (Co-Applicant)*

Understand that the following guidelines are state law and agency policy. I/we agree to always transport a child under the following guidelines:

1. All children are required to be in a child safety seat, booster seat or seat belt when riding in a motor vehicle regardless of weight or age. Effective January 1, 2017 children under 2 years of age shall ride in a rear-facing car seat unless the child weighs 40 or more pounds OR is 40 or more inches tall. The child shall be secured in a manner that complies with the height and weight limits specified by the manufacturer of the car seat. Children under age 8 or 4'9 must be properly buckled into a car seat or booster in the back seat. Children age 9 or older or 4'9 or taller may use the vehicle seat belt if it fits properly with the lap belt low on the hips, touching the upper thighs, and the shoulder belt crossing the center of the chest. If children are not tall enough for proper belt fit, they must ride in a booster or car seat. Children must be secured in a state-approved car seat and or booster when riding in any vehicle (other than public transportation).
2. Failure to properly secure a child in a safety seat or booster seat is illegal. In California, for each child under 16 years or age that is not appropriately secured, parents or the person driving the vehicle can be fined more than \$475 and receive one point on their driving record.
3. Car seat will be replaced at time it expires.
4. Front seat is absolutely not recommended for children, especially when cars are provided with airbags in the front seat. All children 13 years and younger must ride in a back seat of the vehicle.
5. It is against California Law to leave a child under the age of 7 alone in a vehicle without supervision of a person of at least 12 years of age if:
  - a. The motor of the vehicle is on; the keys are in the ignition, or both.
  - b. If there is a significant risk for the child.

Motor vehicle collisions are the number one cause of all deaths and injuries to children ages birth through 14 years of age. When used properly, child safety seats, seat belts, and booster seats are very effective in preventing injuries and saving lives.

*Resources:* For more information about car seat and passenger safety laws, car seat use and recommendations, car seat installation check points, or local programs that offer car seats at reduced cost, contact the following organizations or your local police/fire department:

Riverside County Injury Prevention Services	(800) 774-7237 (951) 358-7171	rivcoips.org
Safe Kids Inland Empire	(909) 558-8118	safekids.org
National Highway Traffic Safety Administration	(888)327-4236	nhtsa.gov

**I certify by my signature below that I have been provided information regarding California's child passenger restraint system laws.**

Applicant's Signature	Date
Co-Applicant's Signature	Date
Agency Representative Signature	Date



## POLICY ON VEHICLE EQUIPMENT AND SAFETY

1. Resource parents will make sure that the vehicle being used to transport foster children is always in good running conditions.
2. All children will always wear seat belts or appropriate car seats.
3. The keys to any car will not be accessible to the children. Keys will be kept in a secure place away from the children.
4. Car insurance will be kept current at all times
5. Driver's license of whoever is driving the children must always be current.
6. Resource parents will notify the agency of any accidents that the resource parent is involved in, regardless if the children were in the car when the accident occurred.
7. Resource parents will notify the agency when there is a change of vehicle. This new vehicle must have a vehicle inspection, insurance prior to having the children ride in the vehicle.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



## Vehicle Safety Check

Instructions: Evaluate current safety options, note any repair(s) needed at this time, or in the future.

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_ YEAR \_\_\_\_\_

### TIRES:

L/Front: Good \_\_\_\_\_ Adequate \_\_\_\_\_ Need Replacement \_\_\_\_\_

R/Front: Good \_\_\_\_\_ Adequate \_\_\_\_\_ Need Replacement \_\_\_\_\_

L/Rear: Good \_\_\_\_\_ Adequate \_\_\_\_\_ Need Replacement \_\_\_\_\_

R/Rear: Good \_\_\_\_\_ Adequate \_\_\_\_\_ Need Replacement \_\_\_\_\_

BEARINGS: Good \_\_\_\_\_ Replace \_\_\_\_\_

SHOCKS: Good \_\_\_\_\_ Replace \_\_\_\_\_

If replacement of bearings or shocks are needed please state below the location.

---

### LIGHTS:

Right Beam: Good \_\_\_\_\_ Replace \_\_\_\_\_ Left Beam: Good \_\_\_\_\_ Replace \_\_\_\_\_

Right turn signal: Good \_\_\_\_\_ Replace \_\_\_\_\_ Left turn signal: Good \_\_\_\_\_ Replace \_\_\_\_\_

Right rear turn signal: Good \_\_\_\_\_ Replace \_\_\_\_\_ Left rear turn signal: Good \_\_\_\_\_ Replace \_\_\_\_\_

Right brake lights: Good \_\_\_\_\_ Replace \_\_\_\_\_ Left brake lights: Good \_\_\_\_\_ Replace \_\_\_\_\_

---

### FLUIDS:

Brake fluids: Good \_\_\_\_\_ Replace \_\_\_\_\_ Transmission Fluid: Good \_\_\_\_\_ Replace \_\_\_\_\_

Oil: Good \_\_\_\_\_ Replace \_\_\_\_\_ Water: Good \_\_\_\_\_ Replace \_\_\_\_\_

---

### HOSES:

Good \_\_\_\_\_ Adequate \_\_\_\_\_ Replace \_\_\_\_\_

---

### GENERAL:

Door locked: Good \_\_\_\_\_ Replace \_\_\_\_\_ windshield wipers: Good \_\_\_\_\_ Replace \_\_\_\_\_

Seat belts: Good \_\_\_\_\_ Replace \_\_\_\_\_

(please note location of broken/cracked glass & repairs or replacements are needed)

---

Resource Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mechanics Signature/stamp: \_\_\_\_\_ Date: \_\_\_\_\_

**(Please include phone number, company stamp or business card)**





## Reimbursement of Payment Procedure

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant)* *Print Name (Co-Applicant)*

**Procedure:**

1. I understand that foster care payments are issued during the monthly resource parent’s training or on the 20th day of each month or the business day prior to the 20th.
2. The schedule and location of training are announced in the beginning of every calendar year.
3. I understand that I am allowed to pick-up my check during the training whether I am attending or not.
4. The payment days covered are from the 1st day to the end of the month, of the prior month.
5. I understand that if I fail to pick-up my check during the monthly training it will be my responsibility to pick-up my check at the Alba Care Services Inc. Foster Family Agency office in the City of Moreno Valley. I understand that my check will be available for pick-up on the first business day after the training of the 20<sup>th</sup> of each month.

_____ Applicant’s Signature	_____ Date
_____ Co-Applicant’s Signature	_____ Date
_____ Agency Representative Signature	_____ Date



**FINANCIAL STATEMENT**  
(Estimated Monthly Income and Expenses)

I. Monthly Income:

Gross Salary: \$ \_\_\_\_\_ Net Salary: \$ \_\_\_\_\_  
 Other Income (specify source): \$ \_\_\_\_\_  
 Total Monthly Income: \$ \_\_\_\_\_

II. Monthly Expenses

Groceries Household Supplies \$ \_\_\_\_\_  
 Transportation costs \$ \_\_\_\_\_  
 (fuel, etc.)

Housing

Housing rent or property payment for home \$ \_\_\_\_\_  
 Property payments other than home \$ \_\_\_\_\_  
 (taxes, etc.)

Maintenance and Repairs \$ \_\_\_\_\_  
 Utilities (Phone, Electricity, Water, Gas \$ \_\_\_\_\_  
 Auto Payments \$ \_\_\_\_\_  
 (Insurance, etc.)

Charge Accounts \$ \_\_\_\_\_  
 Loans (Specify) \$ \_\_\_\_\_  
 Other (Specify) \$ \_\_\_\_\_

Insurance

Health \$ \_\_\_\_\_  
 Life \$ \_\_\_\_\_  
 Home Fire/ Liability \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Recreation \$ \_\_\_\_\_  
 Other (Specify) \$ \_\_\_\_\_

Monthly Income: After expenditures \$ \_\_\_\_\_

Please Attach your last 2 pay stubs

I declare under penalty and perjury that the statements on this form are correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PERSONAL HISTORY

Please complete the following: (If you need additional space, continue on the reverse side/attach additional sheets)

<b>1. OCCUPATIONAL INFORMATION:</b>	
Applicant's name:	Co-Applicant's name:
Occupation:	Occupation:
Name of company:	Name of company:
Address:	Address:
Phone:	Phone:
Job Description:	Job Title:
Work Hours:	Work Hours:
Days Worked:	Days Worked:
Social Security Number:	Social Security Number:

<b>2. MEDICAL/DENTAL INFORMATION:</b>	
Family Doctor:	Family Dentist:
Address:	Address:
Phone Number:	Phone Number:
Accepts Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accepts Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>3. LIST THE MAKE, MODEL, YEAR, AND INSURANCE COMPANY OF ALL MOTOR VEHICLES USED BY MEMBERS OF YOUR HOUSEHOLD:</b>		
Vehicle:	Driver:	Insured By:
1.		
2.		
3.		
4.		
Driver:	Driver License Number:	Expiration Date:
1.		
2.		
3.		
4.		



5. Religious preferences: Religion de preferencia:  None  Yes \_\_\_\_\_

If yes, how often do you attend religious services/activities? \_\_\_\_\_

Si contesto si, que tan seguido asiste a servicios/ actividades religiosas? \_\_\_\_\_

6. Are there any other languages you or other member of the household are fluent in other than English?

¿Existen otros idiomas aparte de inglés en que usted u otros miembros del hogar comprendan?

No  Yes: \_\_\_\_\_

7. Have you or anyone in your household ever been treated for or subject to any of the following:

Ha sido usted o alguien en su hogar tratado por alguno de los siguientes:

Check all that apply:  Alcoholism  Hearing Condition  Tuberculosis  
Alcoholismo Condición auditiva Tuberculosis

Marque todos los que apliquen:

Diabetes  Mental Illness  Serious physical injury  
Diabetes Enfermedad mental Lesión física grave  
 Seizure Disorder  Use of Narcotics  
Trastorno de convulsiones Uso de Narcóticos

If yes, please explain who, when and what the circumstances and outcome was:

Si contesto si, favor de explicar quien, cuando y cuáles fueron las circunstancias y resultados:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Describe the health of all members of your household: Describa la salud de todos los miembros de su hogar:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Describe each of your children: if they do not reside in the household, where do they reside?

Describe what their present circumstances are, how they are doing, how your relationship with them is, what they do for a living, etc.

Describa a cada uno de sus hijos: si no viven en casa, ¿donde viven? Describa cuales son sus circunstancias actuales, como les va, como es su relacion con ellos, a que se dedican, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



10. Please tell us about you (and your co-applicant)'s background, including: childhood, relationship with parents, brothers and sisters, employment, prior marriage(s), and military service.

Cuentenos sobre los antecedentes de usted (y su co-colicitante), incluyendo: infancia, relación con padres, hermanos y hermanas, empleo, matrimonio(s) anterior y servicio militar.

---

---

---

---

---

---

---

---

---

---

11. If you, or the co-applicant, had any prior marriages, please explain why this did not work out:

Si usted, o el co-solicitante, tuvo matrimonios previos, explique porque esto no funciona:

---

---

---

---

---

---

12. Most couples argue from time to time, when my spouse and I disagree or argue, it is it is usually about:

La mayoría de las parejas discuten de vez en cuando, cuando mi pareja y yo no estamos de acuerdo o discutimos, es usualmente acerca de:

---

---

---

We work it out by:

Lo resolvemos:

---

---

13. Describe what kind of things you like to do for fun or enjoyment:

Describa que tipo de actividades hace por diversión:

---

---

---

By yourself:

Solo:

---

---

As a couple:

En pareja:

---

---

As a family:

En familia:

---

---



14. I think some people can't take care of their own children because:

Pienso que algunas personas no pueden cuidar de sus propios hijos porque:

---

---

15. I/we want to care for a foster child because: Yo/nosotros queremos cuidar de un niño de crianza porque:

---

---

---

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



## DIRECTION TO RESOURCE PARENT'S HOME

DATE: \_\_\_\_\_

RESOURCE PARENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PLEASE PROVIDE DIRECTIONS FROM THE OFFICE IN EL CENTRO OR FROM THE OFFICE IN MORENO VALLEY. YOUR STARTING POINT WOULD BE FROM THE CLOSEST ALBA CARE SERVICES INC. OFFICE TO YOUR HOME.

THE DIRECTIONS WOULD BE AS FOLLOW:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

(Note: It would be easier to go on the internet and use [www.mapquest.com](http://www.mapquest.com) . Use the “Get Directions” key and begin with the address listed above as the starting point. From here, in your address as the ending point and print out the directions. Attach that sheet to this and that will suffice.)



## RESOURCE HOME DISASTER DRILL

Resource Family: \_\_\_\_\_

Date/Drill (mm/dd/yy) (Fire, Earthquake?)	Participants/Ages (Include adults' & children's first names)	Plan of escape (e.g., Laura gets baby; John gets kids)	Start time (am/pm)	Meeting place & finish time (e.g., backyard, mailbox, neighbor's driveway, etc.)

The following were discussed:

- Evacuation Plan and Emergency Telephone Numbers
- Review Emergency Plan for Foster Family Homes
- Ensure all children know how to call 911
- Review nearest exit for children
- Review where fire extinguishers are in the home
- Location of First Aid Kit and First Aid Manual
- Location of Emergency Disaster Kit
- Additional Items reviewed: \_\_\_\_\_
- \_\_\_\_\_

Alba Care Services Inc. Foster Family Agency requires that our Resource Families document their Home Disaster Drill within 30 days of a placement and at least every six (6) months after that, to ensure that household knows what they need to do in case of an emergency.

\_\_\_\_\_  
Resource Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Signature Agency Social Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Supervisor

\_\_\_\_\_  
Date





## RESOURCE HOME EARTHQUAKE EMERGENCY DRILLS

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant)* *Print Name (Co-Applicant)*

**Practices made with quality;** help increase the possibility of a perfect outcome. Therefore, drills are very important and need to be practiced every quarter with all household members. The Agency Social Worker along with the resource parent needs to develop a plan of the steps household members need to take.

**Remember** that the layout of the home is to be posted and children need to know where the exits are located. In addition, resource parents should perform on their own drills. The following is a guideline on how to conduct emergency drills in your home:

**EARTHQUAKE DRILLS**

1. Resource parents need to do earthquake drills under the observation of the Agency Social Worker every three months and resource parents practice every time a new child is placed under their care.
2. The Resource parent and the Agency Social Worker will have a meeting with all of the household members to explain to them the steps to take in case of an earthquake.
3. Drop, Cover, and Hold On. Federal, state, and local emergency management experts and other official preparedness organizations all agree that Drop, Cover, and Hold On is the appropriate action to reduce injury and death during earthquakes. It is the safest action to take during ground shaking. There are 3 steps:
  - **DROP** to the ground (before the earthquake drops you!),
  - Take **COVER** by getting under a sturdy desk or table, and
  - **HOLD ON** to it until the shaking stops.
4. If there isn't a table or desk near you, drop to the ground and then (if possible) move to an inside corner of the building. Be in a crawling position to protect your vital organs and be ready to move if necessary and cover your head and neck with your hands and arms. Do not try to run to another room just to get under a table - you are more likely to be injured if you try to run during strong shaking. The main point is: Even if you cannot Drop, Cover, and Hold On, you should immediately take action to protect your head and neck.
5. Earthquakes occur without any warning and may be so violent that you cannot walk, or you therefore could likely be knocked to the ground where you happen to be. You will never know if the initial jolt will turn out to be the start of a large earthquake. These are general guidelines for most situations.
6. Depending on where you are you might take the following actions:
  - **INDOORS:** If you are able, "DROP to the ground immediately; take COVER by getting under a sturdy desk or table; HOLD ON to it until the shaking stops. If you use a wheelchair or have mobility impairments and cannot Drop, Cover, and Hold On, protect your head and neck your arms, and bend over to protect yourself if you are able. If you cannot Drop, Cover, and Hold On, you should immediately take action to protect your head and neck with a pillow or your arms, and bend over to protect yourself if you are able.
  - **IN BED:** Stay there and try your best to hold on, protecting your head with a pillow, until the shaking stops.
  - **OUTDOORS:** Move to a clear area away from wires, buildings, and anything else that could fall and hurt you, but only if you can safely do so. Otherwise stay where you are. If you are able, Drop, Cover, and Hold On or protect your head and neck as best possible. If you use a wheelchair or have other mobility impairments and cannot Drop, Cover, and Hold On, protect your head and neck your arms, and bend over to protect yourself if you are able. Stay where you are until the shaking stops. Only move indoors when it is clear that it is safe to do so.
  - **DRIVING:** Pull over to the side of the road, stop, and set the parking brake. Avoid bridges and overhead hazards. Stay inside the vehicle until the shaking is over. Remember that some areas of the road may be impassable, and you should proceed with caution as you make your way home.
  - **WHAT NOT TO DO:** It is particularly important that you DO NOT try to get to a "safer place" or run outside while the ground is shaking. Movement will be very difficult and most earthquake related injuries and deaths in the U.S. occur from falling or flying objects hitting you (TVs, lamps, glass, bookcases, etc.) than from collapsed buildings.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



## RESOURCE HOME FIRE EMERGENCY DRILLS

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant)* *Print Name (Co-Applicant)*

**Practices made with quality;** help increase the possibility of a perfect outcome. Therefore, drills are very important and need to be practiced every quarter with all household members. The Agency Social Worker along with the resource parent needs to develop a plan of the steps household members need to take.

**Remember** that the layout of the home is to be posted and children need to know where the exits are located. In addition, resource parents should perform on their own drills. The following is a guideline on how to conduct emergency drills in your resource home:

### FIRE DRILLS

7. Resource parents need to do fire drills under the observation of the Agency Social Worker every three months and resource parents practice every time a new child is placed under their care.
  8. The Resource parent and the Agency Social Worker will have a meeting with all of the household members to explain to them the steps to take in case of a fire.
  9. Hold a family meeting to discuss a plan. Discuss various ways you can evacuate your home safely and promptly in the event of a fire. Get everyone involved, including any children in your home.
  10. Do a walk through. Go through your entire house with your family and look for means of quick escape. If possible, plan on at least two escape routes for each room.
  11. Make sure all doors and windows can be easily opened. Be sure there are no obstructions by these exits that could slow down your evacuation. If you have security bars on your windows, make sure they have emergency release mechanisms.
  12. Draft a floor plan of your home. Make sure that all exits are clearly marked, including doors and windows. Use different colors to indicate the routes out on each floor and go over the map with your family periodically and before fire drills so that no one forgets exactly where to head in the event of a fire emergency.
  13. Make sure you have the proper fire safety and evacuation supplies. You will need supplies to use for your drill, and in a real house fire. These items include everything from fire extinguishers to escape ladders, as well as working smoke detectors. If you have them, test them out before the drill to guarantee that they are functioning properly, and make sure everyone knows how to use and care for them properly. To be fire safe, your home should have: A smoke alarm in every bedroom and one near the kitchen. Smoke alarms should be tested once a month, and their batteries should be changed at least once a year.
  14. Plan using the fire-escape ladders if you need them. Demonstrate how to configure the equipment and show the family how to use it. If you open and unroll the safety ladder, it cannot be rerolled; some manufactures recommend against practicing, as the ladder is designed for one-time use (check your equipment).
  15. Choose a safe meeting place outside of your home. Use this place to meet up during drills and in the event of a real fire. Make sure the location is far enough from your home to avoid being harmed by the fire, but still close by. Pick a specific landmark, like a lamp post or a mailbox. Mark the location you select on your floor plan.
- Plan to keep cell phone with you. In the event of a real fire, you can use it to contact emergency services and Alba Care Services Inc. after you have moved to a safe location. Encourage everyone in the family to memorize local emergency phone numbers. Plan for family members who need help. Very young children, elderly people, and people with limited mobility may need help getting out of the home during a drill or a real fire. Assign a member of the family to assist anyone who needs help.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



## PET POLICY

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant) Print Name (Co-Applicant)*

Safety is one of Alba Care Services Inc. FFA priorities, especially when it concerns the safety of children around pets. It is the resource parents' responsibility to protect and assure the health, safety, and welfare of the foster children in their care. Should a pet harm a foster child, the resource parent may be liable and as a result Alba Care Services Inc. FFA may rescind their approval, as well as be reported to the Child Protective Services. The law requires that all individuals with pets who reside in their home should not be a threat or a danger to children and other occupants in the home.

It is the responsibility of the applicants to have an enclosed fence or a structure which prevents entry or access of children to the pet. The enclosure should be designed to prevent the animal from escaping (Ord. 2001-0042 s 2(part), 2001), and must be kept clean and sanitary at all times. Resource parents must exercise due diligence and proper judgment when supervising foster children around pets.

In regard to dogs: California has enacted dog bite statutes under which a dog owner can be found strictly liable for injuries caused by his dog. California passed a statute that eliminated the "one-free bite" rule by holding a dog owner liable even if the dog has never bitten anyone or shown a tendency to bite. Under this statute, liability is based upon ownership and the dog's past behavior is irrelevant. While any dog can attack a person, some breeds are generally more dangerous than others; **Alba Care Services Inc. FFA will not approve applicants who own Pitbull's or Rottweilers or purchase one while approved resource parent.**

Resource parents must always provide Alba Care Services Inc. FFA with current copies of the items indicated below:

1. **Current dog-cat License** - CA Health & Safety Code, Sec. 1920 / CA Food & Agriculture Code Sec.30502 / Code Title, Sec. 10.20.190
2. **Current dog-cat Vaccination** - CA Health & Safety Code, Sec.1920 / Code Title 10 Sec.10.20.220

By signing policy applicants acknowledge that their pet(s) has no history of known aggressive behavior. In addition, applicants encourage Alba Care Services Inc. FFA to contact the County Animal Control Department to obtain, if any, aggressive history of the dog(s). **Alba Care Services Inc. FFA reserves the right to request additional safety requirements which meet or exceed standard pet codes.**

**I (We) have read and understood the agency requirements (state laws/county ordinances), and my (our) signature (s) below attest to my (our) understanding and agreement to comply with the agency's policy at all times.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



## Continuing Education Requirements

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant) Print Name (Co-Applicant)*

To become a Resource Family, an applicant must complete Orientation and Pre-approval training prior to Resource Family Approval:

1. A Resource Family Orientation will cover Alba Care Services Inc. FFA's background, philosophy, treatment, services provided, an overview of the child protective and probation systems and resource parent requirements. The orientation meeting takes 4 hours or more.
2. Pre-approval training of resource parents follows the Trauma Informed model. These pre-service trainings are an in-depth course that presents topics related to foster and adoptive parenting through videos, discussion, and experiential exercises.
3. Annual Training **REQUIRES** that ALL approved resource parents must complete **15 hours** of continuing education classes during the first year and subsequent years of approval, these hours are required regardless of whether you do or do not have children placed in your home.
  - a) In accordance with our county contract, Alba Care Services Inc. FFA requires that these 15 hours must be acquired by attendance at the monthly support/training meetings at Alba Care Services Inc. FFA training location. **Five (5)** of these hours may be provided in face-to-face training at the approved home by Assigned Social Worker.
  - b) Training from other sources can be applied towards the required hours; however, these hours **MUST FIRST BE APPROVED IN ADVANCE** by the Alba Care Services Inc. FFA's supervisor and/or administrator. To authorize outside training towards the Continue Education requirements, please provide the topic of the training and the qualifications of the trainer; provide certificate or comparable paperwork must be turned in to obtain credit.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



**LIC 336425462**  
**CRIMINAL RECORD CLEARANCE**

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant) Print Name (Co-Applicant)*

In addition to the applicants, any adult person (18 years and older) with residence in the resource home, is subject to criminal record review. This person shall be fingerprinted and his or her continued residence, or presence in the home is subject to obtaining proper clearances.

Also, the following documents are required:

- Copy of Driver License
- Copy of Social Security
- Applicants only, physical exam that is current and less than a year old
- LIC 508D, a declaration under penalty of perjury regarding any prior criminal convictions and arrests for any crime against a child, spousal cohabitant abuse, or for any crime for which the Department cannot grant exemption.

Applicants have an understanding that not complying with these requirements in less than 30 days, this adult person residing in the certified foster home may incur civil penalties issued by Community Care Licensing of \$500 per day, per person.

I agree to abide by Alba Care Services Inc., FFA Criminal Record Clearance policy and declare that the following adult persons are residing in the foster home:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



## PROGRAM STATEMENT AND CARE AGREEMENT

ALBA CARE SERVICES INC Foster Family Agency is a treatment foster family agency, which provides temporary care to children who are declared as dependents and wards of the Juvenile Court. Those children referred for placement into one of the agency's certified foster homes are identified as needing temporary care while their biological parents, relative caretakers, legal guardians, or other primary caretakers complete the required case plans for the children to be returned to their care. As a certified resource parent of ALBA CARE Foster Family Agency, you are hereby advised that those children referred to this agency for placement do come with problems. Such problems may be emotional, psychological, behavioral, medical, or a combination of one or more of those problems listed. As a resource parent, it is imperative that you continue to communicate with your agency assigned social worker that will work with you to assist you in caring for these children. Please note however that as a certified resource parent, you agree to notify the agency of any changes in the plan of operation of your certified foster home, which may affect the services to any children placed in your care, must be to the agency in advance of the changes occurring.

1. **PURPOSE:** We are resource parents for the purpose of:
  - a. Providing a safe and nurturing family
  - b. Offering love and respect in a family setting
  - c. Teaching, by example, an acceptable way of life
2. **METHODS:** Our family will accept each foster child as a member of the family.  
We will use our parenting skills and behavior modification techniques under the supervision of the child's agency and county assigned social workers.
3. **GOALS:** The identified goals of the agency are as follows:
  - a. Provide a safe and loving environment for as long as needed.
  - b. Be supportive and cooperate with the social worker's plans for the child
  - c. Help each child to reach his/her full potential
4. **ADMISSION POLICY:** We will accept any child regardless of color, religion, national origin, or ancestry. We reserve the right to refuse children for reasons other than these. We have read, understand and agree to the terms of the admission agreement for each child placed in our home.
5. **TRANSPORTATION:** As resource parents, we are aware that transportation of children to and from family visits, sibling visits, medical appointments, and other appointments arranged on behalf of the child are our primary responsibility. As such, we have \_\_\_\_\_ family vehicles and will thus adhere to our responsibility of providing all transportation for each child placed in our home.
6. **PERSONAL PROPERTY:** It is not our intention to handle cash resources belonging to the foster children. Personal valuables and clothing belonging to a foster child will be kept safe and remain the personal property of the child. If there is concern over a particular item that the child has, I will consult with the agency assigned social worker to discuss my concerns.
7. **FIRST AID:** We understand that both applicants in our family must have a certificate showing completion of a First Aid course, these applicants are:  
\_\_\_\_\_ and \_\_\_\_\_
8. **COMMUNITY RESOURCES:** We will cooperate with and support the social workers' plans and utilize community resources as recommended for each child placed in our home.



Agreements/Acknowledgements  
Program Statement and Care Agreement

9. **DISCIPLINE:** I/We understand from the resource parenting training courses presented by ALBA CARE SERVICES INC FOSTER FAMILY AGENCY that it is against the policy of this agency to utilize corporal punishment under any circumstances. We also understand that it is against the State of California, Department of Social Services, Community Care Licensing Division and Title 22 Regulations for a resource parent to use any form of corporal punishment or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threats, mental abuse, or other actions of a punitive nature, including but not limited to: interfering with the daily living functions including eating, sleeping, or toileting, or withholding of shelter, clothing medications, or aids to physical functioning,

10. **SUPERVISION OF MINOR:** No child shall be supervised by any person(s) without prior authorization from this agency. All childcare providers MUST be fingerprinted and approved by the Department of Justice BEFORE rendering any services.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



## ACKNOWLEDGEMENT RECEIPT RESOURCE PARENT MANUAL

---

---

The Resource family Manual is not intended to be a primer of principles of fostering children or how to deal with the myriads of problems foster children may present when they enter foster care placement. ALBA CARE SERVICES INC. Resource Family Manual is a tool intended to assist Resource Parents understand some of the agency's regarding their duties and roles as resource parents.

The manual will assist Resource Parents by providing them with information about various regulations as they pertain to foster care. In addition, the "Resource Family Manual" will also provide Resource Parents with important information as it is related to ALBA CARE SERVICES INC., philosophy, standards, guidelines, policies and procedures.

I/We have acknowledged that I/We have received ALBA CARE SERVICES INC., Foster Family Agency's "Resource Family Manual" of Agency Policy and Procedures. I/We have had explained to me any questions regarding the agency's policies and procedures as it pertains to my requirements as an approved resource parent should I not understand something verbally told to me and I/We agree to comply with the agency's policies as required and stated in the above-mentioned manual.

---

Applicant's Signature

---

Date

---

Co-Applicant's Signature

---

Date





## THE REPORTING LAW IN DETAIL

ALBA CARE SERVICES INC  
Foster Family Agency

---

California Penal Code Section 11166 (a) – (c) states

“(a) Except as provided in subdivision (b), any child care custodian, medical practitioner, non-medical practitioner, or employee of a child protective agency who has knowledge or, observes a child in his or professional capacity or within the scope of his or employment, whom he or she knows or reasonably suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. For the purpose of this article, “reasonable suspicion” means that it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriated on his or her training and experience to suspect child abuse.

“(b) Any child care custodian, medical practitioner, non-medical practitioner, or employee of a child protective agency who has knowledge of or reasonable suspects that mental suffering has been inflicted on a child or its emotional well-being is endangered in any other way, may report such suspected instance or child abuse to a child protective agency”

“(c) Any other person who has knowledge of or observes a child whom he or she knows or reasonably suspects has been a victim of child abuse may report the known or suspected instance to a child protective agency”

### “Immunity Provided by Law”

The law gives total immunity from legal liability to providers and others who are required to report suspected abuse (**Sec. 1172 a**).

If a person is not required to report child abuse she or he may be held liable only if it can be proven the report was false and the person reporting knew the report was false (**Sec. 1172 a**).

I have read and understand the above statement.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



## WEAPON SAFETY AGREEMENT

Applicant Name	Street Address
Co-Applicant Name	City, State, Zip

The safety and security of children in resource foster family homes require that all dangerous weapons shall be kept locked up [CCR 80087 (g) (1-3)]. Weapons must be safely locked in racks, cabinets, closets, etc. In lieu of locked storage firearms, the certified resource parent may use trigger locks or remove the firing pin. (a) Firing pins shall be stored and locked separately from firearms. Ammunition must be stored and locked separately from firearms [CCR 8087 (g) (1-3)].

Dangerous weapons include, but are not limited to: guns, rifles, carbines, shotguns, pellet guns, BB guns, starter powder, dynamite, etc., or explosive devices such as ammunition, prier-caps, flares, Detonators, fuse-cord; sling-shots, fishing sears, scuba guns; souvenir swords, and large knives of other than decorative design; large animal traps; crossbows and steel-tipped arrows.

- I/We possess no weapon(s) as defined above.
- I/We possess the weapon(s) defined and where stored:

Type of Weapon	Placed stored

I/We agree that the weapons described above shall be kept under lock and key and shall not be used by or around foster children without the written consent of the foster child’s placement worker.

I/We agree to immediately notify the assigned foster family agency social worker if I/we obtained a weapon or any other weapons in addition to the one(s) listed above.  
 I/We agree to show proof of purchase and registration of all weapons described above or additional weapons obtained and if applicable, including but not limited to, any proof of registration and/or licenses for the above mentioned weapons. (Please attach any requested documents after this document).  
 I/We certify that the information above is true and correct to the best of my/our knowledge and I/We have read the above and have had any questions regarding this agreement answered to my/our satisfaction.

Applicant’s Signature	Date
Co-Applicant’s Signature	Date
Agency Representative Signature	Date



## SWIMMING POOL AND WATER SAFETY AGREEMENT

Applicant Name	Street Address
Co-Applicant Name	City, State, Zip

I/We understand that any resource foster family home child or a child who is developmentally, mentally or physically disabled. Inaccessibility meets the requirements of §89387 (d)(2)(A) through (d)(2)(D) and §89387(e). Swimming pools, fixed in-place wading pools, hot tubs, spas, and other similar bodies of water are inaccessible to a non-minor dependent who is developmentally, mentally, or physically disabled or a non-minor dependent parent’s child who is under 10 years of age or who is developmentally,

I/We certify that:

- I/We have no pool of any type.
- I/We have an in-ground pool, above-ground, or portable (Doughboy-type) pool.

I/We agree to always remove the ladder or stairs from the pool when not in use (in the case of aboveground or portable pools) and store this out of reach of children. The plan for the storage of any ladder or stairs shall be as follows:

---



---

I/We have a permanently installed pool/spa/hot tub/Jacuzzi/pond or similar body of water which is fenced or covered according to the California Code of Regulations.

I/We understand fencing must be inspected and approved by the foster family agency and shall:

- Be at least five feet tall;
- Provide an unobstructed view of the pool;
- Be difficult for a child to climb;
- Have a self-closing, self-latching gate with latch at the top;
- Be closed and locked at all times when not in use.

I/We understand pool covers must be inspected and approved by the foster family agency and shall:

- Prevent a child from entering pool when cover is closed;
- Be capable of supporting an adult’s weight;
- Be closed and locked at all times when not in use;

The operating mechanism shall be locked or out of reach of children.

I/We have a portable wading pool. I/We agree to empty the wading pool and turn it upside down when not in use. I/We will never allow children to fill or use the pool without adult supervision.

I/We have a pool, spa, or other water feature which does not meet the above safety requirement.

Applicant’s Signature	Date
Co-Applicant’s Signature	Date
Agency Representative Signature	Date



**NO CORPORAL PUNISHMENT AGREEMENT  
RESOURCE FAMILY PARENT**

Foster Family Agency

Corporal punishment is strictly forbidden as a form of discipline or for any other means, as it pertains to children who are placed in foster care. Due the fact that many of these children were placed into protective custody as a result of physical and sexual abuse, neglect, abandonment, or other traumatic events, it is the belief of Alba Care Services Inc Foster Family Agency, the Department of Public Social Services, and Community Care Licensing that Resource Parents must not use corporal punishment, or any other like forms of discipline as a means of changing a child's unwanted behaviors.

This is to certify that I understand that I/We cannot inflict any Corporal Punishment on the minors that I/We serve. Should I attempt to do so, for any reason, I/We realize that my certification with Alba Care Services Inc. Foster Family Agency may be terminated.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date

**ACUERDO DE NO AL CASTIGO CORPORAL  
PADRE DE FAMILIA DE RECURSOS**

Foster Family Agency

El castigo corporal esta estrictamente prohibido como forma de disciplina o para cualquier otro medio cuando pertenece a niños que han sido colocados bajo crianza temporal. Debido al hecho que varios de los niños que son colocados en custodia protectora han sido victimas de abuso fisico, sexual, negligencia, abandono, u otros eventos traumaticos, es nuestro creer en Alba Care Services Inc., el Departamento de Servicios Publicos, Y Licencia de Cuidado Comunitario (Community Care Licensing), que los padres de recursos, cuidadores, y niñeras NO DEBEN usar el castigo corporal, o ningun otra forma de disciplina similar, como un metodo para cambiar el comportamiento no deseado de un niño.

Yo certifico que comprendo que no debo usar ninguna forma de castigo corporal en los niños/jovenes bajo mi cuidado. Si por algun motivo yo intento utiliziar este metodo de disciplina, yo entiendo que mi certificacion con Alba Care Services Inc. sera terminada.

\_\_\_\_\_  
Firma del padre de recursos / Niñera

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del padre de recursos

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del representante de la agencia

\_\_\_\_\_  
Fecha



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).

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.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant’s Signature

\_\_\_\_\_  
Date

.....

## NIVELES DE CUIDADO

El protocolo Nivel de Cuidado (LOC) utiliza una metodología de establecimiento de tarifas basada en la fuerza para identificar las expectativas de cuidado y supervisión individuales que se combinan con las necesidades diarias de un niño / joven en función de los 5 dominios principales. Anteriormente, las tasas se basaban únicamente en la edad del niño / joven. El enfoque principal del Protocolo LOC está en el papel de la familia de recursos para satisfacer las necesidades de cuidado y supervisión del niño / joven basado en 5 dominios principales. Dentro de cada dominio, hay niveles crecientes de expectativas que se correlacionan con un sistema de puntos. El Protocolo de LOC permite a los trabajadores sociales / PO puntuar cada dominio según la necesidad de cuidado y supervisión del niño / joven, que luego se traduce en una tasa de LOC apropiada que incluye, si corresponde, el LOC de ISFC.

El Protocolo LOC es consistente con el proceso de Aprobación de la Familia de Recursos (RFA) y los estándares de la Iniciativa de Calidad para Padres. El protocolo LOC consta de dos componentes: Matriz de determinación de velocidad LOC (matriz LOC) (que contiene los 5 dominios principales); y ya sea un Formulario de puntuación manual (para uso en el campo en ausencia de una opción digital) o un Formulario de puntuación digital (una versión electrónica).

La tasa de LOC, una vez determinada, será documentada por los trabajadores sociales / PO y los resultados se proporcionarán al personal de Elegibilidad de Cuidados de Crianza u otro personal según corresponda.

\_\_\_\_\_  
Firma del Padre de Recursos

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Padre de Recursos

\_\_\_\_\_  
Fecha



## NOTICE TO PROSPECTIVE RESOURCE PARENTS

---

ALBA CARE SERVICES INC Foster Family Agency realizes the importance of trainings prospective Resource Parents in the art of foster care to ensure the safety and well-being of not only the children in placement, but also to ensure a happy and joyous relationship between the children and NMD in placement, Agency, and certified Resource Parent. Because of this, ALBA CARE SERVICES INC Foster Family Agency is quite critical in exactly who is certified as a Resource Parent for the Agency.

As part of the orientation and initial training, ALBA CARE SERVICES INC, FA representatives will continuously be evaluating those prospective Resource Parents to ensure that they meet the standards and expectations of the Agency and its mission in providing exceptional care to those children and NMD in placement.

The Agency encourages its prospective resource parents to attend the orientation and initial training in order to learn as much as they can about the Agency's philosophy and goals. ALBA CARE SERVICES INC FFA does however reserve the right to certify only those prospective Resource Parents who the Agency believes will provide services equal to those expectations of the Agency.

For this reason all prospective Resource Parents and required to sign this statement acknowledging this information prior to becoming certified as a Resource Parent of ALBA CARE SERVICES INC Foster Family Agency.

(By signing below, I realize I have read, understood, and accepted the terms of this notification as it has been provided to me. Should I have concern about this notification, I can submit a notice of inquiry as to those concerns that I might have. I also understand that I will not be allowed to proceed with the certification process until a signed copy of this form is maintained at the Agency)

---

Applicant's Signature

---

Date

---

Co-Applicant's Signature

---

Date

---

Agency Representative Signature

---

Date



*Policies and Procedures Children's Personal Rights*

**PERSONAL RIGHTS**

Upon Admission to the program, all children as age appropriate are given an orientation in which they are appraised of Community Care Licensing's Personal Rights, the Agency's Discipline Policy and Procedures and the Foster Youth Bill of Rights, Certified resource parent's placement workers and families are also informed of these rights and procedures as detailed explanations are provided for their better understanding. Prior to the intake being completed, each member will acknowledge their understanding of each of these rights by signing their name to the policy form provided by the agency, In addition, ALBA CARE SERVICES INC FOSTER FAMILY AGENCY will follow through in making every effort to insure the safety of children in placement by meeting with the child at least three times a month, or more frequently if needed, in order to continue to ensure that each child's rights are not violated.

If the problem or complaint that has been discussed with the social worker and/or Administrator is not resolved to t satisfaction of the foster aren't, then the next level of addressing the problem is to directly send correspondence to the Board Of Directors, please note that the complaint must specify the problem and the reason(s) why the information exchange between the social worker and/or the Administrator and the resource parent was not adequate. The information will then be taken before the Board of Directors and Officers of Alba Care Services FFA for discussion at the next Board meeting, which is calendared. The board will submit a written response back to the resource parent within five days after the Board Meeting in which the matter was discussed. Please note that the Board members of Alba Care Services meet quarterly to discuss the business conducted at Alba Care Services. Therefore, it may take some time before the matter is discussed. Complaints that are submitted to the Board of Directors need to be submitted to the following address:

**Alba Care Services FFA  
PO BOX 211625**

Based on the nature of each complaint being filed, the resolution of this may be handled on a one to one basis regarding the complaint and an Agency representative or a more intensive investigation resulting in multiple interviews and formal report being written by CCL. All complaints resolution stresses fairness, impartiality, and accountability.

Clients will be advised of their rights and no client's rights will be violated. Each client and his/her representative will sign a copy of the state personal rights form.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



## **DISCHARGED/REMOVAL POLICY AND PROCEDURE**

The reason for planned discharge will include:

1. Family reunification
2. Legal guardianship or Adoption
3. Emancipation
4. The facility's inability to meet the needs of the child
5. Circumstances on which the health and safety of other children in the foster home are compromised.

The when is possible, a discharge plan will be recorded in the Quarterly Progress Report and Needs and Services Plan. The placing worker, resource parents, and foster child, age and maturity permitting, will be permitted to participate in the development of the discharge plan. These reports will be maintained in the child's record and copies provided to the family, authorized representative, and foster child. A child will be released from foster care when ACSI is notified by the CSM or court representative that the child was released to biological family or relatives, freed for adoption, or freed for emancipation. If it is determined that ACSI cannot meet the needs of the child, ACSI will notify the CSW and provide written documentation requesting removal of child. In situations where the health and safety of all the foster children is not comprised, schedules for discharge will again allow for a maximum 14-day transition period for placement into the new setting. In the event that the continued presence of the child compromises health and safety, ACSI will notify the placing worker and request immediate removal per the admission contract.

ACSI will operate by a well-defined set of termination policies and procedures. The foster child and the CSW are apprised of these policies and procedures and must read and sign copies of them (which are the retained in the child's life).

A child may be removed from the facility or the Agency for any of the following reasons:

1. Removed by law enforcement officers because of arrest;
2. Removed for emergency medical or psychiatric care;
3. Removed by necessity because the health and/or safety of the child or other children in the home is/are endangered by the child's continued presence in the home.
4. Removal necessity because of any disaster or catastrophe which threatens the home or its residents, i.e., fire, flood, earthquake, etc.; or
5. Removed by the child's authorized representative





A child may be terminated from the program for any of the following reasons:

1. Repeated violations of the Foster Care Regulations/home rules or community standards of behavior conduct.
2. A pattern of refusal by a child to work towards established treatment goals and Objectives.
3. Repeated or prolonged absences from the home.
4. Use of illegal substances; or
5. Determination that this Agency can no longer meet the child's problems or needs and request that the child be placed elsewhere.

Procedures: All planned discharges and terminations include the treatment staff, the child's CSW and others who may provide continued care to the child. These people will work out and implement arrangement for the discharge or termination to take place. No child is discharged without written approval having been obtained from the child's CSW. All transfers, terminations and discharges must be approved by the foster care administrator in agreement with Social Service Agency.

A written record is maintained in the event of a removal termination or discharge. The FFA SW will prepare such a report with specifics:

1. The date CSW authorized the termination or discharge, 2. The name, address, phone number, and relationship of the person to whom the child was released, and 3. The reason(s) for removal, termination or discharge.

A written record will be maintained of all removal, discharges and termination. The social worker shall prepare such a report, which specifies:

1. The date the placement worker was notified.
2. The name, address, phone number and relationship to which the child was released.
3. The reason(s) for removal, discharge, or termination along with a brief history of the services the child received in placement.

I have read and understand and have had explained to me any question had regarding the above procedures.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



## HOUSE RULES

---

The integration of the foster children into normal routines of each foster family will be critically important to the overall development of each child. To ensure that each child is incorporated into the daily activities of the family, ACSI will implement the following: training on the need to allow each child to become a normal part of the family, periodic unannounced home visits by the FFA Social Worker during a variety of different times to visibly observe the routine of the family, interviewing interactions between foster children and the rest of the family to assess emotional bonding.

---

### STANDARD HOUSE RULES

ACSI has established a list of standardized house rules that the certified parents may implement in order to provide supportive and cohesive environment for all members of the household. The following apply to all minors (placement, biological and guardianship) within the home. Certified resource parents are to adhere to the following house rules and consult with the agency social worker regularly for any modifications or to provide recommendations based in the needs of the children in care.

1. Each resident is expected to show respect and dignity to other in the home.
2. Each resident is expected to respect the property, boundaries, and privacy of others.
3. Each resident, as age appropriate, is expected to participate in general non-excessive household chores.
4. No food is allowed in the bedrooms.
5. Electronics (radios/TV's/video game consoles) are to be used respectfully and within reasonable limits (i.e. content, volumes, times of day, duration, etc.)
6. Resource parents should be informed prior to the arrival of all visitors, if capable (Except authorized representatives)
7. Each resident is expected to use the phone in a responsible manner.
8. Dress must be appropriate and in accordance with the acceptable social norms.
9. Educational programs will be followed as required.
10. The use of drugs, smoking, or alcohol is prohibited in the home.

Modifications to any of the above house rules may be requested though the agency social worker. An assessment of the needs and requirements of each member of the home will be implemented and if appropriate the recommendation may be approved. No house rule shall be modified without agency approval.



## GENERAL HOUSE RULE POLICIES

**Supervision-** Every foster family will be required to provide supervision for every child placed in their care as follows:

1. 24-hour supervision of every child unless at a state licensed school or childcare facility here supervision is being provided
2. Direct supervision for every child when at home
3. Overnight babysitting or respite care must be in a licensed or FFA certified foster home with FFA Licensing approved foster caregivers and approved by ACSI and CSW.
4. All short-term babysitting services (less than six consecutive hours in a 24-hour period) will be based on a reasonable and prudent parent standard.

**Unsupervised Time away from the Home-**Minors showing safety awareness and appropriate behavior may be permitted to have unsupervised time away from the home with consultation with the authorized representative. Children must be able to adequately show maturity and be capable of making reasonable decisions as evident through past behavior. Certified resource parents will remain responsible of all minors granted unsupervised time away from the home and will be held accountable for the behaviors and conduct of the child at all times. Certified resource parents will be required to know the location of children within reason at all times.

When unsupervised time is permitted, it will be granted on a graduated scale where children are capable of exhibit self-awareness and resourcefulness.

Graduated time away may resemble the following:

- Level 1: Unsupervised time not approved
- Level 2: Unsupervised time permitted for independent visits to a peer's home while an adult is present
- Level 3: Unsupervised time permitted for riding their bike in the neighborhood.
- Level 4: Unsupervised time permitted for extended reasonable durations away from the home.

Children ages seven (7) and under will be required to have standard adult supervision at all times.

Unsupervised time away from the home I considered periodic episodes of independence while participating in activities without adult monitoring. This can be for periodic play with friends at a local part, riding a bike through the neighborhood, or translocation to educational programs. Children may have unsupervised time for the benefit of the child only.

Certified resource parents will use the Prudent Parent model in making recommendations for the appropriate level of supervision. Care providers will permit children to place themselves in age appropriate situations to assess their responsibilities and decision-making skills. Children will be guided through the situations where needed in order to aid them in developing independence and the ability to problem solve. Medical concerns must be taken into account when evaluating ability for unsupervised time.



‘Reasonable and prudent parent’ or ‘reasonable and prudent parent standard’ means the standard characterized by careful and sensible parental decisions that maintain the child’s health, safety, and best interest ...”

Welfare and Institutions Code section 362.05 and section 727 provide in art a definition of prudent parent standards.

In applying the reasonable and prudent parent standard, the caregiver shall consider:

- (1) The age, maturity, and development level of a ‘child
- (2) The nature and inherent risks of harms, and
- (3) The best interest of a ‘child’ based on the information known by the caregiver.

**Curfew-** Teenagers will be allowed unsupervised time with approval of the CSW as related to their emancipation plan. Curfews will require teens to return to the home within reasonable times as appropriate. Curfew may be modified based on behavior and/or responsibilities but should fall within the following unless contraindicated by a member of the treatment team.

Evening prior to school days: 8:00 p.m.

Weekend and holidays: 9:30 p.m.

All laws and regulations established by state, county or municipal public policies will be adhered to by the teenager and certified parent.

**Smoking-** The Agency recognizes the health dangers inherent in smoking, chewing or in any way ingesting tobacco products, either directly or secondhand.

ACSI staff or resource parent will not be permitted to supply or make available smoking materials, cigarettes or other tobacco products to foster children, or exposed them to second-hand smoke. Th Foster Care Program strongly endorses a nonsmoking policy by not allowing children in its care to smoke.

It will be the policy ACSI that the foster children are not allowed to smoke under any circumstances. The agency does not permit staff or certified parents to smoke in the presence of children. The Agency will encourage and request any certified parent, or other family member who smokes not to do so in the presence of foster children and to physically leave the area and smoke elsewhere.

Upon admission to the program, all children are advised of the Foster Care Program rules with respect to smoking and the health detriments and safety hazards linked to smoking. Any child who is caught smoking or with smoking paraphernalia on their person or among their possessions will be required to discuss the situation with their primary social worker and if relevant may the agency social worker may request the minor to complete a report based on the health consequences of smoking. The completion of this review may be based on the recommendations of the social worker and be designed to educate the minor on the health hazards associated with the habit on consuming tobacco products. There shall be no direct consequences for not completing the established report.



**Dating-** Minors living with the certified homes of ACSI are permitted to date peers who are age and developmentally appropriate for their particular age range. Minors will not be permitted to date other youths within the same certified home. The FFA social worker and Resource Parent will make recommendation to the CSW for approval of any contacts.

**Completing Homework-** Resource parents will be responsible to monitor and assist children's homework.

**Cleaning Bedrooms and Other Areas-** Foster children may have televisions or radios in their bedrooms. They will also have access to the certified family home entertainment equipment. They must be played at an acceptable level and turned off by bedtime. Resource parents will determine hours of use of family entertainment equipment. Music or shows which have excessive profanity or violence is prohibited. Entertainment shall be age appropriate.

**Entertainment Equipment-** Foster children may have televisions or radios in their bedrooms. They will also have access to the certified family home entertainment equipment. They must be played at an acceptable level and turned off by bedtime. Resource parents will determine hours of use of family entertainment equipment. Music or shows which have excessive profanity or violence is prohibited. Entertainment shall be age appropriate.

**Dress Code-** Foster children will follow the dress code established by the school district they are attending. Children will be expected to wear neat, clean clothes.

**Laundry-** Bed linens, towels and wash clothes will be provided to each foster child. Foster children will be encouraged to help in doing the laundry, depending on age, to assist in self-help skills.

**General Prohibited Behaviors-** Any behavior which threatens or endangers the safety of self or others is prohibited.

**Cell phones and other electronic devices:** ACSI recognizes the right of all foster children to own and operate cell phones and computers previously own or required while in placement. Cell phones will be allowed to be used outside the school setting and must be turned off by 9PM from Monday night to Thursday night. On Friday and during the weekend use of cell phones is up to the discretion of the resource parents. The certified parent may allow more time or restrict the use of cell phone by the foster child based on their individual conduct and responsibility.

Cell phones are not permitted to be taken to school by the foster child, unless the resource parent and the agency social worker deem this necessary as a result of a special circumstance.

Computer and other electronic devices fall under the same guidelines as well phones, with the following expectations: if the foster child in need to complete homework after 9 PM, and the use of his/her computer equipment is necessary, he or she will be allowed to use the computer past 9 PM. No other electronic devices such play station, X boxes or any such equipment can be used after 9 PM, Monday through Thursday.



**General Chores:** ACSI provides a training program for certified resource parents which includes teaching, supporting, and monitoring the appropriateness of assigning and supervising the performance of chores within the context of a family setting. Training will discuss what are age appropriate chores, how chores can be part of the daily or weekly structure, and understanding individual capabilities in relation to chores help in developing self-discipline, self-esteem, and the mastery of certain skills.

I have read and understand and have had explained to me any question I had regarding the above procedures.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

I have explained the above policies and have answered any questions asked me regarding these procedures.

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



## RESOURCE PARENT ACKNOWLEDGEMENT & CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and kept on file and available for review)

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant)* *Print Name (Co-Applicant)*

### **GENERAL INFORMATION:**

The foster family agency referenced above approves your home and has entered into a contract with the County to provide certain services to the County. The County requires your signature on this Resource Parent Acknowledgement and Confidentiality Agreement as a condition of your Approval.

### **RESOURCE PARENT ACKNOWLEDGEMENT:**

I understand and agree that the foster family agency referenced above is my approving foster family agency. I rely exclusively upon the foster family agency approving my home for reimbursement of expenses for basic services I provide for children placed in my home and any and all other benefits I receive on my behalf during the period of this relationship.

I understand and agree that I am not an employee of the County for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County pursuant to any agreement between any person or entity and the County.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

### **CONFIDENTIALITY AGREEMENT:**

As a resource parent, I may be involved with work pertaining to services provided by the County and, if so, I may have access to confidential data, information, and records pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County.

The County has a legal obligation to protect all data, information, and records made confidential by any federal, state and/or local laws or regulations (hereinafter referred to collectively as "CONFIDENTIAL DATA, INFORMATION, AND RECORDS") in its possession, especially juvenile, health, mental health, education, criminal, and welfare recipient records. (See e.g. 42 USC 5106a; 42 USC 290dd-2; 42 CFR 2.1 et seq.; Welfare & Institutions Code sections 827, 4514, 5238, and 10850; Penal Code sections 1203.05 and 11167 et seq.; Health & Safety Code sections 120975, 123110 et seq. and 123125; Civil Code section 56 et seq.; Education Code sections 49062 and 49073 et seq.; California Rules of Court, rule 1423; and California Department of Social Services Manual of Policies and Procedures, Division 19)





I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such CONFIDENTIAL DATA, INFORMATION, AND RECORDS. Consequently, I understand that I must sign this agreement as a condition of my work with the foster family agency approving my home. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree to protect all CONFIDENTIAL DATA, INFORMATION, AND RECORDS learned or obtained by me, in any manner or form, while performing work pursuant to the above-referenced contract between the foster family agency approving my home and the County. Further, I hereby agree that I will not discuss, disclose, or disseminate, in any manner or form, such CONFIDENTIAL DATA, INFORMATION, AND RECORDS which I learned or obtained while performing work pursuant to the above-referenced contract between the foster family agency approving my home and the County to any person not specifically authorized by law or by order of the appropriate court. I agree to forward all requests for the release of any CONFIDENTIAL DATA, INFORMATION, AND RECORDS received by me to the foster family agency approving my home.

I understand that I may not discuss, disclose, or disseminate anything to anyone not specifically authorized by law or by order of the appropriate court, which could potentially identify an individual who is the subject of or referenced to in any way in any CONFIDENTIAL DATA, INFORMATION, AND RECORDS.

I further agree to keep confidential all CONFIDENTIAL DATA, INFORMATION, AND RECORDS pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I further agree to report to the foster family agency approving my home any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all CONFIDENTIAL DATA, INFORMATION, AND RECORDS to the foster family agency approving my home upon completion of this contract or termination of my relationship with the foster family agency approving my home, whichever occurs first.

I understand and acknowledge that the unauthorized discussion, disclosure, or dissemination, in any manner or form, of CONFIDENTIAL DATA, INFORMATION, AND RECORDS may subject me to civil and/or criminal penalties.

---

Applicant's Signature

---

Date

---

Co-Applicant's Signature

---

Date

---

Agency Representative Signature

---

Date





## CERTIFIED RESOURCE PARENT OATH OF CONFIDENTIALITY AGREEMENT

As a certified resource parent of ALBA CARE SERVICES INC Foster Family Agency involved with work pertaining to County services, I may have access to confidential data pertaining to clients of Imperial County Department of Children’s Services (DCS), or Riverside County Department of Public Social Services (DPSS), Orange County Social Service Agency (SSA). All clients of DCS and DPSS are assured that the information, which they give, is confidential. Name, addresses and all other information concerning the circumstances of any individual for whom or about the information is obtained is confidential. This is true of all information whether written or oral.

All children or non-minor dependent have the right to have their private or personal information including, but not limited to, any medical condition or treatment, psychiatric diagnosis or treatment, history of abuse, school reports reflecting poor performance or behavior, and information relating to biological family or the ‘child,’ maintained in confidence. The caregiver shall disclose information about the ‘child’ to the biological family, Juvenile Court, the minor’s social worker, placement worker, probation officer, physician, psychiatrist, CASA, attorney, authorized representative, and licensing and approved agency, unless such disclosure is prohibited by the court. As needed to ensure appropriate care, supervision, or education of the ‘child,’ the caregiver shall disclose information to respite care providers, occasional short-term babysitters, alternative caregivers, school officials, and other persons, unless such disclosure is prohibited by court order.

*In the event that I find I am assigned work in a connection with a family or a client known to me, it is my responsibility to ask that work on that particular case be transferred. I hereby agree that I will not divulge to any unauthorized person any information obtained while performing my work pursuant to the agreement between ALBA CARE SERVICES INC Foster Family Agency and the Counties of Imperial, Riverside, San Bernardino, San Diego and Orange. I agree to report any and all violations of the above, by any other persons and myself to the foster family agency certifying my home and agree to ensure that the foster family agency certifying my home reports such violations to the County of Imperial or Riverside, and upon termination of my verification by ALBA CARE SERVICES INC Foster Family Agency Or removal of my last placed child, whichever comes first.*

**I acknowledge that violation of this certified resource parent confidentiality agreement may subject me to Civil and/or criminal action and that the County or Imperial, Riverside, San Bernardino, San Diego, Orange and surrounding counties will see all possible legal redress.**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



## APPLICATION FOR CERTIFICATION

---

In order to submit an application for verification to ALBA CARE SERVICES INC Foster Family Agency (FFA), the following statements must be acknowledged by the applicant.

1. The applicant must acknowledge whether or not he/she has been denied certification by a foster family agency and, if so, by which agency:

- |                          |   |           |
|--------------------------|---|-----------|
| <input type="checkbox"/> | I have never been denied certification by a foster family agency        | Primary   |
| <input type="checkbox"/> | I have never been denied certification by a foster family agency.       | Secondary |
| <input type="checkbox"/> | I have been denied certification by a foster family agency in the past. | Primary   |
|                          | Name of FFA: _____  |           |
| <input type="checkbox"/> | I have been denied certification by a foster family agency in the past. | Secondary |
|                          | Name of FFA: _____  |           |

2. The applicant must acknowledge whether or not he/she has been put on a placement hold by county and, if so, by which county:

- |                          |  |           |
|--------------------------|--|-----------|
| <input type="checkbox"/> | I have never been put on a placement hold by a county.   | Primary   |
| <input type="checkbox"/> | I have never been put on a placement hold by a county.   | Secondary |
| <input type="checkbox"/> | I have been put on a placement hold by county in my past | Primary   |
|                          | Name of County that this occurred with: _____            |           |
| <input type="checkbox"/> | I have been put on a placement hold by county in my past | Secondary |
|                          | Name of County that this occurred with: _____            |           |

I have read and understand and have had explained to me any question I had regarding the above statements.

Applicant's Signature	Date
-----------------------	------

Co-Applicant's Signature	Date
--------------------------	------

I have explained the above policies and have answered any questions asked regarding these procedures.

Agency Representative Signature	Date
---------------------------------	------



## HEALTH AND SAFETY CODE

---

### Health and Safety Code Sections 1506.8/ 1506.9 (b)/ 1536 (c)

Before certifying an applicant, the foster family agency shall make contacts and conduct a reference checks required by Health and Safety Code Section 1506.8 1506.9 (b), and 1536(c).

- (1) Health and Safety Code Section 1506.8 provides “Before certifying a family home, a foster family agency shall contact any foster family agencies by whom an applicant has previously been certified and any state or county licensing offices that have licensed the applicant as a resource parent, and shall conduct a reference heck as to the applicant”
- (2) Health and Safety Code Section 1506.9(b) provides “Neither the department, a foster family agency with information if the communication is for the purpose of aiding in the evaluation of an application for certification of a family home by a foster family agency or for licensure as a foster home or approval of a relative placement by a county or by the department”
- (3) Health and Safety Code Section 1536© providers in art “A foster family agency may request information from, or divulge information to, the department, a county or a foster family agency, regarding a prospective certified parent, resource parent, or relative caregiver for the purpose of, and as necessary to conduct a reference check to determine whether it is safe and appropriate to license, certify, or approve an applicant to be a certified parent, resource parent, or relative caregiver.

I have read and understand and have had explained to me any question I had regarding the above statements.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant’s Signature

\_\_\_\_\_  
Date

I have explained the above policies and have answered any questions asked regarding these procedures.

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



## **INVESTIGATIONS OF COMPLAINTS AGAINST CERTIFIED FAMILY HOMES**

### **Investigating Child Abuse or Neglect Complaints:**

Agency staff and certified parents are required to immediately report any reasonable suspicion of child abuse or neglect to the proper authorities. This includes calling Community Care Licensing, Child Abuse Hotline, and notifying the appropriate ALBA CARE INC personnel (including the assigned social worker, social worker supervisor, and the administrator). This is done immediately by phone during working hours or by the 24-hour agency emergency number.

If staff or certified parents have first-hand knowledge of abuse or neglect of a potentially endangering nature they are to immediately contact Community Care Licensing (hereinafter referred to as C.C.L.), the main office of ALBA CARE INC during regular working hours, or call the 24-hour agency emergency number and take immediate action of safeguard the child(ren) involved.

Whenever it is suspected that a child has been abused or neglected while in our care, measures will be immediately take to safeguard the child, and a report will be made to the appropriate authorities. A report is made by phone to C.C.L. and the child protective agency immediately (no later than the legally mandated 24-hour period), and in writing within 36 hours. Notification is made to the child's placement worker, natural parents/ legal guardian (if appropriate or available), and to Community Care Licensing in accordance with the reporting guidelines.

Whenever possible, the administrator or a designated substitute will review all written reports for completeness before they are sent out. In addition, the administrator will ensure that any copies of child abuse reports are provided to the Board of Directors.

In accordance with SB933(Senate Bill 933) all investigations are performed by C.C.L. Therefore, ALBA CARE will assist C.C.L. however needed until a determination is made. Qualified staff members (i.e. a social worker, social worker supervisor, administrator, or other staff person) will assist C.C.L. to aid in their investigation. Investigation made by C.C.L. will include interviews with all known victims, witnesses, and suspects.

During an investigation, the Agency will not identify and complainant to the verified family home. No child will be placed at a certified home that is under investigation or that has had child/ren removed until the investigation has been completed. If it is substantiated that a child has been abused or neglected by a certified parent, the certified parent may be decertified.



**Investigating Child Abuse or Neglect Complaints -Continued:**

Other complaints against certified parents will be responded to in the same manner described above. All complaints investigations will be handled by C.C.L. (Community Care Licensing) and any complaints investigation conducted by C.C.L. will include, but may not be limited to a list of the allegation(s); identification of person(s) who conducted the investigation; names of

Agencies and/or persons contacted or involved in the investigation; person(s) contacted at the certified family home; a summary of finding(s) and determination(s) of the investigation; and a rationale for action taken

The report will make one of the following determinations after the completion of each complaint allegation investigated:

- (1) Substantiated (S) - If it has been determined that the alleged incident did occur;
- (2) Unfounded (U) – If it has been determined that the alleged incident could not or did not occur.

**The agency will maintain a copy of all investigative reports and a log of all complaints received.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



## DISCIPLINE POLICY

A child's negative or disruptive behavior toward-other children, adults and/or property must be dealt with in a positive and constructive manner. It is understood that appropriate forms of discipline are often necessary when dealing with daily problems. Our agency supports such methods including loss of privileges, room restrictions, and time outs. Listed above are basic rules of discipline which must be adhered to:

1. Always search for a positive way to handle misbehavior.
2. Under no circumstances will corporal punishment be allowed.
3. No deprivation of meals, sleep, mail, or family visiting will be allowed used as a discipline measure.
4. No child will be locked in any room
5. No child will be subjected to ridicule or embarrassment as disciplinary measure
6. Restriction of privileges should be fair and related to the offense.
7. Disciplinary measures should follow the misbehavior within a reasonable Period of time.

---

Applicant's Signature

---

Date

---

Co-Applicant's Signature

---

Date

---

Foster Child

---

Date

---

Placement Worker Signature

---

Date



## CLIENT COMPLAINT

The purpose of this policy is to provide foster children or their representative with the opportunity to communicate with the ASCI CEO in order to make comments, ask questions or file complaints. The foster children and their authorized representatives will have established procedures for communicating their comments, questions, or complaints regarding foster placement, personnel and/or operations without fear of retaliation. Authorized representatives can include, but is not limited to, a child's parent, a legal guardian, social worker, or a public placement agency. During orientation, and annually as a part of in services training, this policy will be placed in the child's file. A copy will be given to the child at the time of placement in a foster home. In addition, foster care children will be given the telephone and address of the foster Care Ombudsman.

The written instructions for communication are as follows:

Should you have any comments, questions, and/or complaints regarding foster placement, professional staff, or resource parent you are encouraged to directly communicate them to the resource parent, social workers, and/or program manager as soon as possible. If you are not satisfied with their responses or you do not feel comfortable talking with them directly about your concerns, you may discuss the matter with the CEO of ACSI. Call (951) 653-2224 or write:

Alba Care Services Inc.  
P.O. Box 211625  
Chula Vista CA 91921

While at ACSI, you may also request writing material and place a note in a confidential sealed envelope to be placed by the staff in the business office for any of the staff, including CEO. You can do so without fear of retaliation or negative consequences. Your comments, questions and/or complaints will be given prompt response.

---

Foster Child Signature

---

Date

---

Resource Parent Signature

---

Date

---

Placement Worker Signature

---

Date



## GRIEVANCE LETTER

Dear foster children and concerned parents,

Should you have any comments, questions and/or complaints regarding foster placement, professional staff or resource parents, you are encouraged to directly communicate them to the resource parents, social workers and/or program manager as soon as possible. If you are not satisfied with their responses or you do not feel comfortable talking with them directly about your concerns, you may discuss the matter with the CEO of ACSI. Call (951) 653-2224 or write:

Alba Care Services Inc.

Name: \_\_\_\_\_

P.O. Box 211625  
Chula Vista CA 91921

Date: \_\_\_\_\_

To: \_\_\_\_\_

ACSI Staff Name

From: \_\_\_\_\_

Comments/Questions/ Complaints

---

---

---

---

---

---

---

---

Please contact me at:

---

---

---

---

(Phone number or address above)

Signature: \_\_\_\_\_





## SOCIAL MEDIA POLICY

1. At no time is the resource parent allowed to post any information, photos, and names for any child or non-minor dependent placed with them. The dependents children and NMD information cannot be placed on Facebook, twitter, skype, or any other social media or websites. If at any time reporters or anybody request information for any child placed in your home, you must NOT disclose or give any information, and contact the agency IMMEDIATELY.
2. A Resource parent is not to make any comment regarding the children placed with them, on any social media outlet.
3. Resource parents must make any comments to anyone regarding the children placed with them on any website, chat room, or social media outlet.

I agree to the above policy, as a resource parent for Alba Care Services Inc., in the event that I do disclosed any information it could be grounds for de-certification from Alba Care Services Inc., Foster Family Agency, and the children placed with me might be removed.

---

Applicant's Signature

---

Date

---

Co-Applicant's Signature

---

Date



## SMOKING POLICY

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant)* *Print Name (Co-Applicant)*

Understand that Alba Care Services Inc. Foster Family Agency maintains a smoke, tobacco, and marijuana-free setting. Assembly Bill 352 (AB 352) requires all licensed facilities to provide a smoke-free environment to foster children and non-minor dependents. AB 352 added section 1530.7 to the Health and Safety Code (HSC) as follows:

- a) Resource family homes shall maintain a smoke-free environment.
- b) Resource family homes shall not smoke or permit any other person to smoke inside the facility, and, when the child is present, on the outdoor grounds of the facility.
- c) Resource parents shall not smoke in any motor vehicle that is regularly used to transport the child.

Failure to provide a smoke-free environment may result in a citation from Community Care Licensing. Therefore, no smoking or other use of tobacco or marijuana products (including, but not limited to: cigarettes, vapes, e-cigarettes, pipes, cigars, snuff, chewing, tobacco, marijuana, marijuana edibles, or other paraphernalia) is permitted in any part of the foster home or in vehicles transporting children. Resource parents may smoke outside of the home and away from foster children in designated areas. When smoking or otherwise using tobacco or marijuana products outside of the home, do not leave cigarette butts or other evidence of use on the ground or anywhere else near the resource family home.

In Addition:

- Children and non-minor dependents under the age of 21 are not allowed to smoke or otherwise use tobacco or marijuana products.
- It is illegal to sell, purchase for, or provide tobacco, cigarettes, vapes, e-cigarettes, marijuana, marijuana edibles, or any other paraphernalia that is designed for the smoking or ingestion of tobacco or marijuana to any minor or non-minor dependent under the age of 21.
- Resource Parents may not purchase, provide, or sell tobacco or marijuana products or paraphernalia to minors or non-minor dependents under the age of 21. Foster parents may not allow children to be exposed to secondhand smoke.
- Minors and non-minor dependents are not permitted to drink any alcoholic beverages or use any narcotics or other illegal substances under any circumstances. All alcohol, tobacco, and marijuana products must be stored in a locked area at all times.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



## RESCINDING OR DENYING RESOURCE FAMILY APPROVAL

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant) Print Name (Co-Applicant)*

A Resource Family maintains his or her approval status unless approval is rescinded by a foster family agency or the Department or the Resource Family chooses to surrender the approval. Alba Care Services Inc. FFA may rescind the approval of the Resource Family for a variety of reasons, however, there are two primary reasons including a continued failure to meet the program regulations and/or resource parent's judgment resulting in a serious or catastrophic injury to a foster child's wellbeing.

Alba Care Services Inc. FFA values our resource parents and recognizes the great deal of love and care given to our foster children. We follow very careful procedures before we reach a decision to involuntarily rescind the approval of the Resource Family. Every effort is taken to resolve the problem without involuntarily rescind the approval of the Resource Family and that fairness is given to all parties. To help assure that each decision is fair and sound, the decision to rescind your approval is reviewed and approved by the Administrator.

**Involuntary:** A resource parent will be notified verbally and in writing of this decision.

Appeal Process: The following outlines the necessary steps to be taken to appeal a decertification by Alba Care Services Inc. FFA

1. Submit a Written Request for Appeal to Alba Care Services Inc. FFA no later than seven (7) calendar days following the date of decertification.
2. The Appeal will be heard by Alba Care Services Inc. FFA administration staff no later than thirty (30) days from the date of decertification.
3. At the Appeal, you are welcome to make any statement or produce any documents you wish. If you desire to bring representatives to the appeal, please submit their names and describe their relationship to you to Alba Care Services Inc. FFA 48 hours before the scheduled appeal.
4. Please be aware that you may also appeal a decision to Community Care Licensing. To do this, you must respond to their letter that will be mailed to you after decertification.

**Voluntary** – At any point in time, resource parents are able to voluntarily decide to no longer continue with their status. In order for voluntary rescind their approval, resource parents are asked to notify Alba Care Services Inc. FFA administrative staff. We will ask you to provide us with the effective date and reason.

Please be aware that if a foster child/ren is currently placed in your home, that you must maintain your approval until appropriate alternative placement can be located for the child/ren. Voluntary rescind of their certificate in no way jeopardizes your ability to return to Alba Care Services Inc. FFA to once again go through the certification process. If, this decision is to transfer to another Agency, you must notify Alba Care Services Inc. FFA of this decision as soon as possible as a transfer protocol is to be initiated by the other Agency; documentations such as application, written report, training certificates, etc. are not transferable.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



## BIOLOGICAL FAMILY CONTACT POLICY

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant)* *Print Name (Co-Applicant)*

When a child/NMD is detained and placed into Foster Care by the Department of Children and Family Services (County) that child has a right to have visitation and contact with his/her biological family. The visitation and contact guidelines are set forth by the Court and County. Alba Care Services Inc. FFA is mandated to follow these orders. It is also state law that biological family members have the right to have the telephone number of where their child/ren are residing. The address of the place where the child/ren is placed is kept confidential.

Alba Care Services Inc. FFA facilitates a Meeting with the resource parent(s) and biological family member(s) within the first week of placement to discuss visitation guidelines. At that time, the dates, times and types of visits will be addressed. Another purpose of this meeting is for the resource parent(s) and biological family member(s) to meet one another in an effort to work as a team that best meets the needs of the child/ren.

The following types of contact may occur:

- Monitored visits
- Unmonitored visits
- Monitored phone calls
- Unmonitored phone calls
- Day visits
- Overnight visits

By accepting a child/ren into my home, I am fully aware and agree that contact between the child/ren and his/her biological family member(s) is part of the treatment process and I am willing and able to help facilitate and support these visits through scheduling, transporting, and monitoring visits.

I have read the above policy and agree to its terms.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



## PROTOCOL FOR NOTICE OF INTENT TO DISCHARGE

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant)* *Print Name (Co-Applicant)*

Providing care to foster children can be both difficult and rewarding. On occasion, resource parents decide that they can no longer provide care to a child placed in their home. In the event that this situation arises, the resource parent should verbalize this immediately to their Alba Care Services Inc. FFA social worker. A Child and Family Team (CFT) meeting must first be held before any child will be considered for re-placement.

A CFT meeting will take place with the resource parent(s), foster child (if age appropriate), non-minor dependent biological family members (if appropriate), the county social worker (CSW), a CFT coordinator, and the Alba Care Services Inc. FFA treatment team. The purpose of the meeting is to determine if the placement can be salvaged and what services can be put in place in an effort to maintain the placement.

In the event the child is removed from the home, all belongings must be sent with the child and the child's home file must be returned to the office; the resource parent(s) will need to meet with the Alba Care Services Inc. FFA treatment team within 30 days after the child has been removed from their home. If this is a two-parent home, both resource parents are required to be present.

The purpose of this meeting is:

1. To provide support to the resource parent(s)
2. To review why the placement failed
3. To help the resource parent(s) process their feelings regarding the situation
4. To determine what type of child shall be placed in their home in the future
5. To determine if additional training or other requirements must be met before another placement will be considered

I have read the above protocol and agree to its terms.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



## GUIDELINES FOR RELIGIOUS PRACTICE

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant)* *Print Name (Co-Applicant)*

1. The resource home shall demonstrate consideration for, and sensitivity to, the religious backgrounds of foster children in care. The resource home shall assist a foster child's involvement in religious activities appropriate to the foster child's religious background and based upon the needs and interests of the foster child.
2. Foster children in care at the resource home shall be allowed and encouraged to celebrate their religious holidays.
3. Foster children shall be allowed to participate in non-religious holidays and cannot be prevented from doing so by the resource families religious beliefs.
4. Opportunity and assistance shall be provided for each foster child to practice the chosen/preferred religious beliefs and faith of his/her family. If the family has no preference, the individual preference of the foster child shall be respected. This includes, but is not limited to, making necessary arrangements for attendance of foster children at the appropriate religious institution or at a study group for religious instruction.
5. A foster child may be invited to participate in religious activities of the resource home.
6. A foster child shall not be coerced or forced to participate in the religious activities of the resource home or to attend religious services.
7. Any form of religious intervention used by the resource home to control or change a foster child's behavior, or treat or heal a medical condition, must be approved, in writing, by the legal guardian(s) of the foster child prior to the use of the intervention.
8. A resource home cannot deny medical care to a foster child because of religious beliefs.
9. The foster child's family and/or guardian must be consulted prior to any planned change in religious affiliation made by the foster child while he/she is in care at the resource home.
10. If a child belongs to a tribe or is identified as Native American, it is expected that child will be exposed to activities related to his/her ancestry. (i.e., Pow wows: The calendar on PowWows.com is the most comprehensive listing available for Native American Pow Wows.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



## Special Incident Reporting Guidelines

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant) Print Name (Co-Applicant)*

All Special Incidents should be reported directly to Alba Care Services Inc. FFA staff **IMMEDIATELY** or as soon as is reasonably possible after an emergency or incident has been attended to.

Listed below are the categories of incidents that require immediate reporting:

1. **Death, serious bodily injury, or risk of death or serious bodily injury to a child or non-minor dependent or other individual residing in the home.**
2. **Behavior incidents that threaten the physical or emotional health and safety of any child.** For example: substance abuse, physical violence, suicide threats or attempts, police contacts, sexually related incidents.
3. **Serious injury, illness, or accident.** Any incident requiring the extended medical treatment of two or more doctor visits. For example: a broken bone, stitches, surgeries.
4. **Emergency room or urgent care visit.** Any incident when a child must be taken to the hospital (treated and then released). For example: high fever, illness in the middle of the night, injury.
5. **Hospitalization.** Any incident when a child is admitted to the hospital. For example: surgery, pneumonia, jaundice, drug withdrawal.
6. **Unauthorized absence.** Any absence which threatens the child's physical or emotional health and safety. The police will be called for these incidents as well.
  - a. **AWOL.** Suspected runaway, child's whereabouts are unknown, or curfew violations. Any time a child is not where he or she is supposed to be. Call the agency immediately. The police must be called after 15-30 minutes for a child under 13, one hour for children 13-18.
  - b. **Late return after a visit with birth parents.** If the birth parents are not at the pre-arranged visitation location at the appropriate time for drop-off/pick-up.
7. **Problems with or missed psychotropic medication.** If a child is taking psychotropic medication, you must ensure that he/she receives the proper medication administration as per the prescribing physician's orders. If a child misses a medication or is improperly dosed for any reason, the agency must be immediately informed.
8. **Suspected abuse.** All resource parents and staff are required by law to immediately report all known, suspected, or alleged incidents of child abuse. For example: sexual abuse, sexual exploitation, physical injury, neglect, observance of domestic violence, emotional abuse.
9. **Disclosure of past abuse.** All resource parents and staff are required by law to immediately report if a child discloses past abuse by a birth parent, other adult, and/or past caregiver.

I understand and agree to comply with the State, County, and Agency policy regarding Special Incident Reporting.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co-Applicant's Signature

\_\_\_\_\_  
 Date



## PROCEDURES FOR CONTROL, STORAGE, & ADMINISTRATION OF MEDICATIONS

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant)* *Print Name (Co-Applicant)*

### Administration of Medication

- a) Resource parents must obtain a general written consent to administer routine, preventive, and emergency medications.
- b) Resource parents must obtain a written, signed, and dated consent (JV220), specific to the psychotropic medication to be administered, from the person legally authorized to give medical consent before administering a new psychotropic medication to a child.
- c) All prescriptions must be filled and started immediately.
- d) For children 12 years of age or older, a Resource Family shall allow access and assist a child or nonminor dependent in accessing age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections (STIs).
  - 1) A Resource Family shall direct a child or nonminor dependent to reliable sources of information.
  - 2) A Resource Family shall not require a child or nonminor dependent to practice abstinence.
- e) None of the prescribed medication of a child should be shared with another minor in the home.

### Medication Storage and Destruction

A resource home must:

1. Store medication in a locked container.
2. Keep medication inaccessible other than to caregivers responsible for stored medication.
3. Make provisions (separate box with lock) for storing medication that requires refrigeration.
4. Keep medication storage area(s) clean and orderly.
5. Remove discontinued medication immediately and store it in a separate locked area until it is destroyed.
6. Remove medication on or before the expiration date and store it in a separate locked area until it is destroyed.
7. Remove medication of a discharged child immediately and store it in a separate locked area until it is destroyed or given to assigned ASW for proper destruction; and
8. Provide prescription medication to the person to whom a child is discharged or transferred if the child is taking the medication at that time.
9. A Resource Family shall ensure that a nonminor dependent has access to the first aid supplies.

### What are the requirements for discontinued or expired medication?

Resource parents must properly destroy medication in accordance with state and federal law and in a way, that ensures children do not have access to it, within 30 days after:





1. It has been discontinued for a child.
2. The expiration date has passed; or
3. The child has left care without the medication.

**Medication Records**

- A. Resource parents must maintain a cumulative record of all:
  1. Prescription medication dispensed to each child; and
  2. Nonprescription medication, excluding vitamins, dispensed to a child under five years old.
- B. Resource parents must maintain the medication record during the time that they provide services to the child. This record must include the:
  1. Child's full name.
  2. Prescribing health-care professional's name, if applicable.
  3. Reason medication was prescribed, for prescription medication.
  4. Medication name, strength, and dosage.
  5. Date (day, month, and year) and the time the medication was administered.
  6. Name and signature of the person who administered the medication.
  7. Child's refusal to accept medication, if applicable; and
  8. Reasons for administering the medication, including the specific symptoms, condition, and/or injuries of the child that the caregiver is treating, only for:
    - a. Psychotropic medication; and
    - b. Nonprescription medications (excluding vitamins) for children under five years old.

**Where must a child's medication records be maintained?**

1. The resource parents must maintain at the resource home the child's medication records for the current month.
2. Resource parents must submit copies of the child's medication records to ASW each month.
3. Resource parents must maintain copies of all the child's medication records for the length of time that you provide services to the child.

---

Applicant's Signature

---

Date

---

Co-Applicant's Signature

---

Date



## RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant) Print Name (Co-Applicant)*

- a) A Resource Family shall provide care and supervision that meets the needs of a child or nonminor dependent and ensures health, safety, and well-being. If a Resource Family provides care for a minor or nonminor dependent; the Alba Care Services Inc. FFA and a representative from the county child welfare agency will develop a Shared Living Agreement.
- b) A Resource Family shall provide care and supervision in accordance with the needs and services plan of a child or nonminor dependent, the placement agreement, and transitional independent living plan, if applicable.
- c) A Resource Family may arrange for other care and supervision of a child as follows:
  - 1. An occasional short-term babysitter.
    - A. If a Resource Family anticipates being absent from the home for less than 24 hours, on an occasional basis, the Resource Family is permitted to arrange for an occasional short-term babysitter to provide care and supervision to a child.
    - B. The babysitter must be fingerprinted through Alba Care Services Inc. FFA license number. Resource parents are **NOT ALLOWED** to use babysitters until Alba Care Services Inc. FFA has informed them that all clearances have been received and are on file. There are absolutely **NO EXCEPTIONS** to this policy.
    - C. A Resource Family shall apply the reasonable and prudent parent standard, as specified in Section 88487.12, in determining and selecting an appropriate babysitter for occasional short-term use. A child or nonminor dependent shall not be required to babysit.
    - D. If a babysitter is also used to transport a foster child/ren, a copy of their current driver's license and auto insurance must first be provided to Alba Care Services Inc. FFA.
- d) Respite Care: A Resource Family may use respite care on an approved family by Alba Care Services Inc. FFA, the resource family must request respite care at least 30 days in advance.

I agree to abide by the Alba Care Services Inc. FFA's Responsibility for Providing Care and Supervision Policy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



**CHILD DISCLOSURE INFORMATION  
AND  
EMOTIONAL RISK**

I, \_\_\_\_\_ and \_\_\_\_\_  
*Print Name (Applicant) Print Name (Co-Applicant)*

I/We, am/are aware that I/we will be presented with as much information as Alba Care Services Inc. FFA and Department of Social Services (County) has on a child, before I/we have to make a decision regarding accepting that child into my/our home. However, there are times that Alba Care Services Inc. FFA and County are not fully aware of all of the information at the onset of a placement, and at other times the resource family may be the first to learn of information regarding the child and their birth family (should the child disclose information to the family that they did not ever disclose to anyone else). I/we are aware that this is a common occurrence and often part of the foster care process and it is not a reason to ask for a child to be removed from my/our home.

**Applicable for Resource Parents who wish to Adopt:**

In addition, by signing this document, I understand there is an inherent emotional risk in accepting foster placements, as there is no guarantee that the child/ren placed into my home will be freed for adoption. I realize that Alba Care Services Inc. FFA cannot predict which birth parents and/or extended family members will become involved and successfully reunify. I/we agree to support the reunification process and understand that reunification with birth family is most often the primary goal and the best permanent option for children in foster care.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



## CULTURAL BEST PRACTICES

---

*Print Name (Applicant)*

---

*Print Name (Co-Applicant)*

A multicultural society means it is likely the child you foster will be of a different culture than your own. In fact, California is the country's most diverse state — and one of the most multiethnic societies in the world — with significant populations of Native Americans, African Americans, Caucasians, Hispanics, and Pacific Islanders, among others. When placed in a home with a very different culture, a child has yet another hurdle to overcome. After suffering the trauma of being abused or neglected and of being removed from the home, he or she is placed with a family whose practices are foreign. It can be a source of great anxiety and confusion.

Alba Care Services Inc. FFA expects that Resource families: learn and practice “cultural competency,” the ability to recognize and adjust for different cultural expectations; to be culturally competent means to welcome diversity and work well with children from cultures different from your own. The following is a series of best practices for effectively incorporating cultural competency into your parenting.

- **Know the Culture of Foster Care:** Fostering children requires dedication, good organizational skills, and familiarity with the foster care system. It applies to services to be provided to foster children such as food, cultural activities, holidays, traditions, visitation, etc.
- **Be Warm, Welcoming, and Respectful:** To connect with your foster child, you must first engage them on a universal level — the level that children across all cultures respond to, that stands on the premise that all children are alike in certain respects.
- **Look Inside:** Our interpersonal relationships are profoundly influenced by our values. Families, communities, cultural and religious beliefs, educational experiences, and financial status all influence how we think about others.
- **Learn about others:** As you gain new cultural experiences and become more open to learning, you will increase your cultural competence. For example, working with native Indian children, they receive core services and supports that respect Native American history, culture, retention of tribal membership, and connection to the tribal community and traditions.
- **Pick the Communication Style that Fits:** Communication is almost always influenced by culture.
- **Implement Cultural Elements identified by the child as being important:** Culture can be defined as a set of beliefs, attitudes, values, and standards of behavior that are passed down from one generation to the next. This includes language, food, dress, styles of communication, childrearing patterns, and so on. For example, asking the child about meaningful life events, such as birthday parties or holiday celebrations; now, Compare these to your own birthday or holiday celebrations.

All these techniques will yield good results if given a chance to work. Through interaction over time, you will learn of the differences in communication patterns — many of which are culturally influenced — between you and your foster child.

---

Applicant's Signature

---

Date

---

Co-Applicant's Signature

---

Date



## Health and Medical Guidelines

---

*Print Name (Applicant)*

---

*Print Name (Co-Applicant)*

Resource Parents must provide both preventative and on-going **Medical, Dental and Vision Care** for children placed in their home.

1. Within three (3) calendar days of the placement of a child in your home under the age of 3:  
Obtain a medical examination
2. If the child is over the age of 3 then the medical examination must happen within the first thirty (30) days of placement.
3. Children are also to have immunizations according to the current Recommended Childhood Immunization Schedule
4. For children over the age of 1 a dental examination is needed within thirty (30) days.
5. **No child in foster care can be tested for HIV/AIDS without an order from the court.** Your Agency worker and County social worker will request this from the court if it is deemed necessary. Most children in foster care are not tested without very specific reason.
6. The Medical Examination Form must be completed at every doctor, dental and vision visit, stamped on the bottom right, and turned in to your Agency social worker.
7. Blood transfusions, general anesthesia and all other surgeries must get court approval; If it is required in the emergency basis you must contact your Agency social worker immediately.
8. Yearly medical exams are required for foster children and youth. The yearly medical exam may occur up to 14 months from the previous medical exam to accommodate physician scheduling and insurance coverage requirements.

---

Applicant's Signature

---

Date

---

Co-Applicant's Signature

---

Date