Information is relating to

**FFA INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FFA NAME: | *Angels of Grace Foster Family Agency* | | | |
| FFA LICENSE #: | | 107207207 | Date Resource Home Approved: |  |

**GENERAL IDENTIFICATION:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | | |  | | | | | | | Initial: | | |  | | | | Last Name: | | | | |  | | | |
| Date of Birth: | | | |  | | | | | | | Social Security #: | | | | | | |  | | | | | | | |
| Driver’s License #: | | | | | |  | | | | | | Ethnicity: | | | | |  | | | | | | | | |
| Gender: | |  | | | | | | | Marital Status: | | | | | |  | | | | | | | |
| Street Address: | | | |  | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | State: | |  | | | | | | Zip Code: | | |  | | | | | |
| Mailing Address (if different): | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Primary Phone #: | | | | |  | | | | | | | | | Message Phone #: | | | | | | |  | | | | |
| Employer Name: | | | | |  | | | | | | | | | | | | | | | Phone #: | | | |  | |

**SPOUSE INFORMATION:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | | |  | | | | | | Initial: | | |  | | | Last Name: | | | |  | | | |
| Date of Birth: | | | |  | | | | | | Social Security #: | | | | | |  | | | | | | |
| Driver’s License #: | | | | | |  | | | | | Ethnicity: | | | |  | | | | | | | |
| Gender: | |  | | | | | | Marital Status: | | | | |  | | | | | | |
| Street Address: | | | |  | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | State: | |  | | | | | Zip Code: | | |  | | | | |
| Employer Name: | | | | |  | | | | | | | | | | | | | Phone #: | | |  | |

**BACK UP CONTACT PERSON**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone #: |  |

**CHARACTERISTICS:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Age Range Preference: | | From: | | | | To: | | | | Total Capacity: | |  |
| Gender Preference: | | | Male | | Female | | | Both | | |
| Emergency Shelter: | | | Yes | | No | | | Unknown | | |
| Child Care Plan: | | | Yes | | No | | | Unknown | | |
| In Home Visits Allowed: | | | Yes | | No | | | Unknown | | |
| Transportation Provided | | | Yes | | No | | | Unknown | | |
| Public transportation: | | | Yes | | No | | | Unknown | | |
| Language: |  | | | | | | Religion: | |  | | | |
| Type of Population Served: | | | |  | | | | | | | | |
| Environmental Factor/Pets: | | | |  | | | | | | | | |

**EDUCATION PROVIDERS/SCHOOLS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| School Unified: | Fresno | | Clovis | Central | Selma | Other |
| Elementary School: | |  | | | | | |
| Middle School | |  | | | | | |
| High School | |  | | | | | |

**CHILDREN IN THE HOME UNDER 18 YEARS OF AGE:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | | Initial: | |  | | Last Name: |  | |
| Date of Birth: | |  | | Gender: | |  | | |
| Relationship: | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | | Initial: | |  | | Last Name: |  | |
| Date of Birth: | |  | | Gender: | |  | | |
| Relationship: | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | | Initial: | |  | | Last Name: |  | |
| Date of Birth: | |  | | Gender: | |  | | |
| Relationship: | |  | | | | | | |

**OTHER ADULTS IN THE HOME**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | | Initial: | |  | | Last Name: |  | |
| Date of Birth: | |  | | Gender: | |  | | |
| Relationship: | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | | Initial: | |  | | Last Name: |  | |
| Date of Birth: | |  | | Gender: | |  | | |
| Relationship: | |  | | | | | | |

**PAYEE INFORMATION:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | |
| Street Address: | | | |  | | | | | | | |
| City: |  | | | | | State: |  | | Zip Code: |  |
| Phone #: | | |  | | Contact Person: | | |  | | | |

**ADDITIONAL INFORMATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| An agency representative has verified that this foster parent has a Carbon Monoxide Detector in this certified home and that it is in good working order? | | | | | |
|  | Yes  No | |
| This foster home is willing and/or wanting to take placement of children ages 0-3. The certified foster parents have completed the required Safe Sleep & Abusive Head Trauma Training. | | | | | |
|  | Yes  No | Training was completed on: | |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR DSS OFFICE USE ONLY** | | | | | | | | | | |
| CWS/CMS Background clearance on the below mentioned revealed concerns. These concerns must be addressed in the Family Evaluation Report. \* A copy of the Family Evaluation Report must be provided whenever there is CWS/CMS history. | | | | | | | | | | |
|  | | | |  | | | | | | |
| Name of Care Giver: | | |  | | | | Date of Birth: |  | |  |
|  |  | | | | | | | | | |
| Name of Care Giver: | | |  | | | | Date of Birth: |  | |  |
|  | | |  | | | |  |  | | |
| CWS/CMS Concerns: | |  | | | | | | |  | |
|  | | | | | | | | | | |
| Family Evaluation Needed: | | | | | Yes | No | | | | |