

**County of Los Angeles - Department of Children and Family Services (DCFS)
 Out-of-Home Care Management Division (OHCMD)
 FFA and GH Quality Assurance Section**

**REQUEST FOR HISTORY OF CHILD ABUSE/NEGLECT
 PRIOR TO CERTIFICATION**
(Please type or print legibly)

Agency Name and Location: _____

Date: _____

Prospective Certified Foster Parent(s)	Individual #1	Individual #2
First Name		
Middle Name		
Last Name		
Maiden Name		
Other Names Used	1.	1.
Not Applicable	2.	2.
	3.	3.
	4.	4.
Date of Birth		
California Driver License # or, if no Driver License, California Identification # or Military Identification #		
Current Address		
Prior Address(es) within the last 5 Years	1.	1.
	2.	2.
	3.	3.
	4.	4.

Have you ever been certified by another FFA or licensed by a County or State as a foster parent?	Yes No	Yes No
If yes, list all agencies (including Out-of-County agencies), year of certification and County or State where you were certified or licensed as a Foster Parent.	1. 2. 3.	1. 2. 3.
If decertified before, please provide FFA Name(s) and reason for decertification (attach additional page, if needed).	N/A 1. 2.	N/A 1. 2.
Have you ever been investigated for abuse or neglect allegations of any children (e.g. biological, adopted, legal guardian or foster parent)	Yes No	Yes No

This Section Pertains to Other Adults Residing in the Home and/or Substitute Caregivers/ Babysitters

Other Adult(s) in the Home

**Adult #1
Substitute Caregiver**

**Adult #2
Substitute Caregiver**

First Name		
Middle Name		
Last Name		
Maiden Name		
Other Names Used		
Date of Birth		
Relationship to Applicant		
Prior Address(es) within last 5 Years	1. 2. 3. 4.	1. 2. 3. 4.

<p>Has the adult residing in the home or Back up Caregiver ever been certified by another FFA or licensed by a County or State as a foster parent?</p>	<p>Yes No If yes, list all agencies including Out-of-County agencies, year of certification and County or State where the adult was licensed as a Foster Parent:</p> <p>1. 2. 3.</p>	<p>Yes No If yes, list all agencies including Out-of-County agencies, year of certification and County or State where the adult was licensed as a Foster Parent:</p> <p>1. 2. 3.</p>
<p>If decertified before, please give name(s) of the FFA(s) and reason for decertification (Please attach additional page, if needed).</p>	<p>N/A 1. 2.</p>	<p>N/A 1. 2.</p>

This Section Pertains to the Minor Children of the Prospective Certified Foster Parent

Children's Names	#1	#2
First Name		
Middle Name		
Last Name		
Date of Birth		
Relationship	Birth Adopted Step Child Legal Gdn NREFM	Birth Adopted Step Child Legal Gdn NREFM

(Please attach additional page, if needed)

I (we) declare under penalty of perjury that I (we) understand the above questions and that the responses and accompanying attachments I (we) am (are) providing are true and correct.

Applicant's signature Date

Co-applicant's signature Date

I have reviewed the documentation provided and discussed the above information with the prospective certified foster parent(s). I have received a signed release of information from the prospective certified foster parent(s), which is attached to this form.

Print name and Title of FFA Representative

Signature of FFA Representative Date