

SAMPLE - NOTICE OF ACTION REGARDING RESOURCE FAMILY APPROVAL

County:
Date:
Applicant(s) or RF Name(s):
County RF ID#:
Address:
Individual's Name:
PER ID#:

Notice of Action Regarding Resource Family Approval

Your application received on _____ for Resource Family Approval is denied.
(Date)

[OR]

Your Resource Family Approval issued on _____ is rescinded.
(Date)

This [choose one: denial/rescission] of Resource Family Approval is based upon your failure to provide satisfactory evidence that you can meet or conform to all Resource Family approval requirements as set forth in Welfare and Institutions Code Section 16519.5 et seq. and the Written Directives.

Specifically, it has been determined that you failed to meet the requirements identified below or have violated Welfare and Institutions Code Section 16519.5 et seq., an applicable law or the Written Directives, including, but not limited to, the following:

[Select one or more causes of action from the Cause of Action reference page and paste here. If there are additional causes of action that were not listed in the Cause of Action reference page, please insert here. A cause of action should be approximately 1 sentence and must include the WIC and WD citation(s).]

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Additional details regarding the reasons for this notice of action are included below. This decision is based on the evidence set forth in the reports, statements, papers, and other documentary evidence contained in the official files compiled by the county or department, which information and records are hereby incorporated by this reference.

[This summary should be approximately 1 paragraph. If there are multiple causes of action it may be longer. Enter facts here that provide the basis for the decision. Facts should include dates, locations, names, and what happened. Please do not identify children except by initials. This summary may be taken from RF visit, investigation, or other reports.]

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You may appeal this action by submitting a written request and a copy of this notice to the address below. If you wish to use this form to appeal, you may do so by checking the box and filling out the information below, then sending all pages of this notice to the address listed below.

COUNTY ADDRESS:

CITY, STATE, ZIP:

ATTN: County Contact, Title

If this decision is not appealed on or before the due date, which is twenty five (25) days from the date of this notice, the action will be final. (Add five (5) days to the due date if notice of action was mailed). The appeal must be post marked or delivered on or before the due date.

If you appeal, the effective date of the action [choose one (will be / will not be)] postponed until completion of the administrative action. You will be contacted and provided additional information about the appeal process at a later date. If you appeal it is required that you notify the county, in writing, of any change in your address. Please call your worker at _____ if you have any questions regarding this notice. (Phone)

[Sign, then enter:] Name, Title

I wish to appeal.

Print Name

Signature

Address

Phone Number

Reasons for appeal (optional): _____

[For County use only. Do not write in this box.]

County: _____ County RF ID#: _____

[County: Enter type of action from page 1 here. Which forum? SHD__ OAH__]

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

[This page to be kept attached only for appeals that will go to SHD. For OAH cases, please detach before serving.]

Notice to Respondent: Please fill out the sections below and return fill this page with your appeal.

Your Hearing Rights: You may be present at the hearing. You have the right to be represented by an attorney at your own expense. You are not entitled to appointment of an attorney at public expense. You may represent yourself without an attorney. If you do not want to go to the hearing alone, you can bring a friend or someone with you.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records.

(This person can be a friend or relative but cannot interpret for you.)

NAME: _____

PHONE NUMBER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____

This person is an attorney: Yes No

Hearing File: If you ask for a hearing, the State Hearings Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position statement on your case at least two days before the hearing. The state may give your hearing file to the county child welfare agency or probation department, if applicable.

Interpreter:

- Check here if you need an interpreter. There will be no cost to you.
(A friend or relative cannot interpret at the hearing.)

My language or dialect is: _____

[For County use only. Do not write in this box.]	
County: _____	County RF ID#: _____
[County: Enter type of action from page 1 here. Which forum SHD ____ OAH ____]	

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Cause of Action Reference Page

Copy and paste one or more of the below causes of action into page 1.
(Note: You must update citations from Written Directives version that was applicable at the time of the incident at issue).

An adult residing in or regularly present in the home was denied a criminal record exemption or had an existing exemption rescinded for an exemptible crime [Writ. Dir. §§ 06-03A, 06-03B, 11-11].

An adult residing in or regularly present in the home was denied a criminal record exemption or had an existing exemption rescinded for a non-exemptible crime [Writ. Dir. §§ 06-03A, 06-03B, 11-11].

Failure to comply with or pass the background checks assessment relating to child abuse or neglect history, criminal history that did not result in a conviction, or other history [Writ. Dir. §§ 06-03A, 08-03(b)].

Engaging in conduct that poses a risk or threat to the health and safety, protection, or well-being of a child or nonminor dependent [Writ. Dir. §§ 06-03A, 08-03(b)].

Violation of a child or nonminor dependent's personal rights, or failure to ensure a child or nonminor dependent is accorded personal rights [Welf. and Inst. Code § 16001.9; Writ. Dir. §§ 10-08, 10-09, 10-10, 10-11, 10-14].

Failure to act as a reasonable and prudent parent or failure to provide care and supervision as required [Welf. and Inst. Code §§ 362.04 and 362.05; Writ. Dir. §§ 10-03, 10-10, 10-12, 10-13, 10-14].

Failure to comply with reporting requirements [Writ. Dir. § 10-06].

Failure to meet Resource Family applicant/parent qualifications [Writ. Dir. §§ 05-02, 06-01].

Failure to meet or comply with home environment assessment standards. [Writ. Dir. §§ 06-02, 10-01, 10-02, 10-03, 10-04].

Failure to cooperate or comply with the application process, with applicant requirements, with ongoing requirements to maintain approval, or false or misleading statements to the County or Department. [Writ. Dir. §§ 05-03, 08-03(c), 10-15].

Failure to meet Resource Family caregiver criteria or permanency criteria as determined in a psychosocial or risk assessment [Writ. Dir. §§ 06-04, 06-05, 08-03(c)].

Failure to complete required pre-approval or post-approval training [Writ. Dir. §§ 06-06, 08-01(c), 08-02].

Failure to maintain or provide records for a child or nonminor dependent as required [Writ. Dir. §§ 10-07].

Engaging in acts of financial malfeasance, including but not limited to, improper use or embezzlement of the money or property of a child or nonminor dependent or fraudulent appropriation for personal gain of money or property, or willful or negligent failure to provide services [Writ. Dir. §§ 08-03(b)].