



Participant Contact Record

Last Name	First Name	Middle Initial
Street Address		City
County of Residence		State Zip Code
Phone Number	Email Address	
Primary/Secondary Language		

Please select one of the options below

- | | |
|---|---|
| 1. Applicant (Resource Parent)* | An individual who has submitted an application for Resource Family Approval. |
| 2. Approved Resource Parent* | An individual that has successfully met the Resource Family Approval program application and assessment for providing care to a child/Non-minor dependent who is under the jurisdiction of the juvenile court, county child welfare agency or probation department. |
| 3. Tribally Approved Home | A home that has been licensed or approved by an Indian Tribe for foster care or adoptive placement of an Indian child. |
| 4. Informal Relative | An individual not required to complete Resource Family Approval training while caring for a related child not under the jurisdiction of the juvenile court, County or Probation. |
| 5. Adoptive Parent | An individual who has obtained an order of adoption of a minor child or, an adult in the case of an adult adoption. |
| 6. County Child Welfare Staff | Staff working for a County Child Welfare agency. |
| 7. County Probation Staff | Staff working for a County Probation agency. |
| 8. Foster Family Agency Staff | Staff working for a Foster Family Agency. |
| 9. Short Term Residential Therapeutic Program Staff | Staff working for a Short Term Residential Therapeutic Program (Previously known as Group Home). |
| 10. Other | Participant who does not identify with the types listed above. |

*If applicant or approved resource parent, please specify approving County/FFA

Privacy Statement: Information on this form will assist the college in keeping accurate records of the services provided by the Foster and Kinship Care Education (FKCE) Program. Statistical data will be reported to funding agencies. Name, address, phone number and email address are confidential. No unauthorized person will have access to confidential information. The program database records retention is 5 years.

Please check this box if we may use your contact information to notify you of future FKCE classes.