

**Butte County Department of Employment and Social Services**  
**Children's Services Program**  
**RELATIVE /NON-RELATED EXTENDED FAMILY MEMBER CAREGIVER (NREFM)**  
**PLACEMENT APPLICATION INFORMATION FACE SHEET**

**We are requesting placement of the following children:**

Child(ren)'s Name(s)	DOB	M/F	Your relationship to Children

Primary Applicant's Name			Secondary Applicant's Name		
Maiden Name:	AKA (s):		Maiden Name:	AKA(s):	
CDL	DOB	SSN	CDL	DOB	SSN
Address			Phone Number		
Who will be child(ren)'s Primary Caretaker?					

**Other Adult(s) Living in the Home**

Name(s)- Include Maiden name and AKA(s)	DOB	SSN	CDL/ID Number	M/F	Relationship to the Child(ren)

Has any adult living in the home resided in another state within the last 5 years?  Yes  No  
 If yes, Please list the name and state: Complete form LIC 508D

Name	State	Period of Residence

**Minors over the age of 14, living in the home, with any law enforcement/probation involvement**

Name(s)	DOB	SSN	CDL/ID Number	M/F	Relationship to the Child(ren)

**Note: As a relative caretaker/NREFM you are expected to immediately inform the supervising social worker if anyone moves in or out of your home.**

**Budget Information:**

Income (Take Pay- Specify if Otherwise)	Amount
	\$
	\$
<b>Net Monthly Income</b>	\$

Monthly Expenses	
Loans (Mortgage payments) and/or Rent	\$
Utilities	\$
Transportation (car payments, gas, bus passes and car repairs)	\$
Food and Household Supplies	\$
Insurance Payment (other than payroll deduction)	\$
Other Expenditures	\$
<b>Total Monthly Expenses</b>	\$

Are you are willing to care for the child(ren) at least 30 days? Yes No

Number of Bedrooms \_\_\_\_\_

Children currently living in my/our home:

<u>Name:</u>	<u>Age:</u>	<u>Relationship:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are your children willing to have their \_\_\_\_\_ live with you?  
relationship

Have your own children ever been involved with the Juvenile Court or Child Protective Services?  yes  no

Have you provided a home for a related or unrelated child in the past?  yes  no

For whom: \_\_\_\_\_

When: \_\_\_\_\_

Have you ever been denied a license to care for dependent adults or children?  yes  no

Have you ever had a Foster Home license? yes  no

Do you or any member of your household have a serious health problem, disability or contagious disease?

yes  no

Explain:

\_\_\_\_\_

\_\_\_\_\_

(use back page for additional information)

Have you or any member of the household ever been treated for:

- A Psychiatric Condition  yes  no
- An Alcohol or Drug Problem  yes  no
- Prescribed Medication for a Mood Disorder  yes  no

Do you or any member of your household have a doctor's recommendation for medical marijuana?

yes  no

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

(use back page for additional information)

Are you or any member of the household currently on any medications, prescribed or over-the-counter?

yes  no

If yes please list all medications:

Medication	Reason/Diagnosis	Dosage

Have you or any member of your household ever been arrested or convicted of a crime? (if yes, you must complete a Request for Waiver – Criminal Conviction, BU CSD 560)

yes  no

Are you willing to cooperate with and/or supervise regular visits between the parent(s) and child(ren) as arranged by the social worker?

yes  no

Are you routinely away from your home (for example, at work) and unavailable to directly care for the child(ren) on a daily basis?

yes  no

If "yes", what is your plan for the child(ren)'s care and supervision when you are unavailable?  
(include babysitter's name, address and phone number).

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Do you foresee any difficulties in working with, 1) the parent(s), 2) other relatives,  
3) Children's Services Division or, 4) the Juvenile Court?  yes  no

If "yes", explain: \_\_\_\_\_

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Are you willing to cooperate with the social worker and Juvenile Court in developing  
a permanent plan for the child(ren) if reunification with the parents does not occur?  yes  no

Would you be willing to adopt the child(ren)?  yes  no.

Would you be willing to become the child(ren)'s legal guardian?  yes  no.

How do you discipline your children to correct their behavior? Describe:

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Are you aware of any special needs the child(ren) may have?  yes  no.

If "yes", explain: \_\_\_\_\_

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Are you willing to complete specialized training in order to better care for a child  
with special needs if required?  yes  no.

If "no", explain: \_\_\_\_\_

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Please describe your relationship with the child(ren): \_\_\_\_\_

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**Please discuss your reasons and feelings for requesting the child(ren)'s placement in your care:**

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**What family, friends, church or other sources can help out if needed?**

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**Please provide any additional comments below.**

