

RESOURCE HOME LICENSE TRANSFER FORM
(To be completed by the originating agency and sent to the receiving agency)

_____ have/has expressed an interest in transferring their resource care license to
Name of Resource Parent(s)

_____. Please complete this evaluation of their performance with your agency
Name of Receiving Agency

using the following rating scale:

- N = Needs Improvement (Please explain below)**
- S = Satisfactory**
- E = Exceeds Expected Level of Performance**
- N/A = Not Applicable**

Works cooperatively with service providers	_____	Meets annual licensing requirements	_____
Supports permanency plans	_____	Effectively communicates	_____
Follows through with recommended services	_____	Maintains placements	_____
Works productively with birth family members	_____	Willing to transport	_____
Use of appropriate discipline techniques	_____	Attends court/case conferences, etc	_____
Provides proper level of supervision	_____	Accepts placements	_____
Participates in Training Sessions	_____	Meets training hours for license	_____

Explain any Needs Improvement rating from scale above:

How long has the family been licensed with your agency? _____

What is the effective and expiration date of their current license with your agency? _____

Has the family ever been placed on probationary status with your agency? If yes, for what reason?

Describe the best types of placements for this family (age, gender, Special Needs, capacity, types of children, etc.)

How many placements has the family received through your agency? _____

Has the family ever been under a corrective action plan with your agency? If yes, for what reason and was the family successful in resolving the areas of concern or non-compliance?

Will the family have resource children in placement at time of transfer?

If yes, who is the custodial county? _____

Has the family informed you of their request to transfer their license and the reason? _____

Please note any particular strengths of the family or areas that need growth?

Please send completed reference form to: Attention:
Agency
Address/City/State/Zip
Or Fax to: