

## RFA Relocation and Conversion Transfer Form

Date: Click or tap to enter a date.

RFA Approval County: Choose an item.

RFA Family's Name: RFA Case Number:

RFA Approval Date:

<b>Form Instructions</b>
<b>Relocation Fill out Sections: 1, 2, 4</b>
<b>Transfer of Converted Resource Family Fill out Sections: 1, 3, 4</b>

SECTION 1 –RESOURCE FAMILY INFORMATION			
APPLICANTS			
Primary Applicant Name:	DOB:	CWS History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exemption: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language:
Secondary Applicant:	DOB:	CWS History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exemption: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language:
OTHER ADULTS IN THE HOME OR WITH REGULAR CONTACT			
Name	DOB	Exemption	Relationship to applicant:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CHILDREN IN THE HOME (Biological, Step, Adoptive, and Guardianship)			
Name	DOB	Gender	Relationship to Applicant
DEPENDENT CHILDREN IN THE HOME			
Name	DOB	Gender	County of Jurisdiction

SECTION 2 –RELOCATION
<b>Current/Previous Address:</b>
<b>Relocation Address:</b>
<b>Date of Relocation:</b> Click or tap to enter a date.
<b>Attached BCII 9002 for all adults:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hard File Sent:</b> Click or tap to enter a date.
<b>Additional Information:</b>

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<b>SECTION 3 –CONVERSION</b>
<b>Current Address:</b>
<b>Date of Conversion:</b> Click or tap to enter a date.
<b>Attached BCII 9002 for all adults:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hard File Sent:</b> Click or tap to enter a date.
<b>Additional Information:</b>

<b>SECTION 4 – SENDING RFA POINT OF CONTACT INFORMATION</b>	
Social Worker:	Phone:
E-mail:	Fax:
Supervisor:	Phone:
E-mail:	Fax:
Additional Comments:	



RESOURCE  
FAMILY  
APPROVAL