**INDIVIDUAL APPLICATION**

**TO PROVIDE RESOURCE FAMILY APPROVAL**

**PSYCHOSOCIAL ASSESSMENTS**

**Name**:       **Email:**      

**Location of Services Address/City/Zip**:

**Phone**:       **Fax**:

**Billing Address/City/Zip (if different than above)**:

**-------------------------------------------------------------------------------------------------------------------------------------------------**

**License type and License #:**

**Do you speak, read, and write Spanish at a professionally fluent level. Yes**  **No**

**Please include the following with your Application:**

1. Completed and Signed Application (this document)
2. On a separate sheet of paper, please provide a narrative with specific information regarding your experience in the provision of completion of adoption Home Studies and/or RFA psychosocial assessments.
3. Copy of clinician’s license.
4. Proof of Insurance *(if already not on file with Human Services Department)*

**Send all materials to:**

Email: [measter@schsd.org](mailto:measter@schsd.org)

**Or** **Fax to:** 707 565-6352

Attn: Meg Easter Dawson

**Conditions for Contracting with the County**

In order to contract with the County, the applicant agrees to the following criteria by initialing all the below.

1. Be legally capable and willing to contract with the County based on Sample Contract in Attachment 2.
2. Be able to provide current insurance documents as described in Attachment 2.
3. Be willing to maintain routine communication with referring social workers.

**Certification**

*To the best of my knowledge and belief, all information in this application is true and correct. I certify that I will comply with all of the requirements if an agreement is signed.*

*Signature:* *Date:*

*Print Name:*      