**AGENCY APPLICATION**

**TO PROVIDE RESOURCE FAMILY APPROVAL**

**PSYCHOSOCIAL ASSESSMENTS**

**Agency Name**:

**Executive Director Name:**       **Email:**

**Contact Name:**       **Email:**

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

**Phone**:       **Fax**:

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

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

Do you have staff to perform assessments who speak, read and write Spanish at a professionally fluent level?Yes [ ]  No [ ]

**Organization Type:**

 [ ]  Private Not-For-Profit

 [ ]  Private For-Profit

 [ ]  Public Non-Profit

**List Staff Names, Licenses & License numbers:**

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

1. Completed and Signed Application (this document)
2. One a separate sheet of paper, please provide a narrative with specific information regarding your agency's experience in the provision of adoption services including completion of adoption Home Studies and/or RFA psychosocial assessments. Also include a summary of staff qualifications, oversight structure and experience as they relate to providing Psychosocial Assessments.
3. Clinician’s Licenses for all staff who may be completing psychosocial assessments.
4. Proof of Agency Insurance *(if already not on file with Human Services Department)*

**Send all materials to:**

 Email: 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, an agency 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. This application has been duly authorized by the Governing body of the agency and the agency certifies that it will comply with all of the requirements if an agreement is signed.*

*Signature:* *Date:*

*Print Name and Title:*