Access
Foster Care & Adoption

Foster Parent Application

Applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability.

Date of Application:

_____

How did you hear about us?

_____

Have you or the secondary applicant ever been employed or contracted with Access Foster Care & Adoption?

☐ Yes ☐ No

If yes, please explain:

_____

Section 1: This section is to be filled out by the prospective foster parent, the individual designated as the primary provider of foster care services in the home.

GENERAL INFORMATION

Full Name: (first)_____(middle)_____

(last)_____(maiden and/or aliases) _____

Date of Birth: _____

Address:_____
Street Apartment

_____
City/Town State Zip Code

_____
County Township School District

Length of time at your current address: Years_____Months_____

Home Phone:_____Cell Phone: _____

E-mail Address: _____

Gender: _____ Social Security Number: _____

Do you own a vehicle?

☐ Yes ☐ No

Do you have a valid PA Driver's License? **(this is required)**

☐ Yes ☐ No

Are you willing to transport children to necessary appointments?

☐ Yes ☐ No

If no, please explain:

_____

_____

Are you a U.S. Citizen/Permanent Resident of the U.S.?

☐ Yes ☐ No

Have you lived in the state of PA for 5 years or more?

☐ Yes ☐ No

If ***you or any member of your household*** have lived outside of PA in the past ***5 years***, please describe where you/they resided and for how long:

_____

_____

_____

_____

Do you have a support network (i.e. family, friends) that are willing to provide back-up care for a child or children in your care?

☐ Yes ☐ No

If yes, please explain: _____

Check Type of Home:

☐ Single ☐ Twin ☐ Townhouse ☐ Apartment

☐ Row Home ☐ Mobile Home/Modular ☐ Ranch

Status of Home:

◯ Owner ◯ Renting

If renting, what is the lease expiration?_____

If renting, do you have renter's insurance?

☐ Yes ☐ No

How many of each are in the home:

Bathrooms:____Bedrooms: ____Floors:____(including basement and attic—***exclude*** crawl space)

What would the bedroom/sleeping arrangements be for the child placed in your home? (attic/basement/common areas are prohibited)

☐ Own Room ☐ Shared room

Add additional details if needed: _____

Is there a yard or available outdoor space?

☐ Yes ☐ No

Neighborhood descriptions:

☐ Rural ☐ Urban ☐ Suburban

Describe the traffic of volume on your street:

☐ Minimal ☐ Moderate ☐ Heavy

Do you have pets?

◯ Yes ◯ No

If yes, what kind and how many? _____

Are you able to provide records that pets are up to date on vaccinations?

☐ Yes ☐ No

If no, please explain: _____

Please check appropriate answer concerning your water supply:

☐ Public ☐ Private (well)

If private, when was the last time the water was tested? _____

What type of heating system do you have (gas, oil, electric, etc.)? _____

Do you use a fireplace or wood burning stove?

☐ Yes ☐ No

If yes, please explain: _____

What type of cooling system do you have (central air, AC units, fans, etc.)?

_____

Religion (optional): _____

Race (optional):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Languages spoken in the home: _____

Have ***you, the secondary applicant, or any member of your household*** ever been involved in family court proceedings?

☐ Yes ☐ No

If yes, explain (attach separate sheet of paper if more space is required):

_____

_____

_____

_____

EDUCATIONAL INFORMATION

Name of high school attended: _____

Last year attended: _____

Graduated? ☐ Yes ☐ No GED? ◯ Yes ◯ No

Name of college(s)/university (ies): _____

Years attended:____ Degree(s) received: _____

List any courses, seminars, conferences, or special trainings/certificates that would be relevant to this position:

_____

_____

_____

MEDICAL HEALTH INFORMATION

Are you currently under a physician's care for any medical/mental health conditions?

◯ Yes ◯ No

If yes, describe: _____

_____

Please list any chronic health issues: _____

_____

Are you free from contagious diseases?

◯ Yes ◯ No

If no, describe: _____

Were ***you, the secondary applicant, or any member of your household*** treated for Substance Abuse or Addictions in the last ten years?

☐ Yes ☐ No

If yes, please explain:

_____

_____

CRIMINAL HISTORY

***Misrepresentation will lead to disqualification. Conviction of a criminal offense will not necessarily prohibit you from becoming a foster parent in all cases. Each case is considered on its own merits.*

Have ***you, the secondary applicant, or any member of your household*** ever been charged with, or convicted of, a crime (as an adult or a juvenile), including any incident where a record was sealed, or the disposition was dismissed, continued without a finding, vacated, filed, or not processed?

☐ Yes ☐ No

If yes, please specify the charges and the outcome (attach separate sheet of paper if more space is required): _____

_____

_____

_____

When were you/they charged with the above (include year/month):

_____

_____

Are ***you, the secondary applicant, or any member of your household*** involved with any judicial proceedings and are there any criminal charges against you/them now pending?

☐ Yes ☐ No

If yes, please explain (attach separate sheet of paper if more space is required):

_____

_____

_____

Has a temporary/permanent restraining order or protection from abuse order ever been issues against ***you, the secondary applicant, or any member of your household***?

☐ Yes ☐ No

If yes, explain (attach separate sheet of paper if more space is required):

_____

_____

_____

Have ***you, the secondary applicant, or any member of your household*** ever been involved with the Office of Children, Youth and Families as an adult or child, or the subject of a report concerning child abuse or neglect? Have you received comparable services from another state, U.S. territory, or tribal authority?

☐ Yes ☐ No

If yes, please specify the charges and the outcome (attach separate sheet of paper if more space is required): _____

_____

_____

_____

MARITAL STATUS

☐ Single ☐ Widowed ☐ Married ☐ Live in partner

☐ Divorced ☐ Separated

If married, date of marriage: _____

If applicable, date of divorce or separation: _____

If applicable, how many years have you and your partner/spouse lived together?_____

INCOME INFORMATION

Major sources of income:

- ☐ Employment
- ☐ Disability (SSDI)
- ☐ Retirement funds
- ☐ Social Security (SSI)
- ☐ Unemployment
- ☐ Other:_____

Have you filed for bankruptcy in the past 10 years?

☐ Yes ☐ No

If yes, please list month/year: _____

Are there any current liens on your home?

☐ Yes ☐ No

If yes, please explain: _____

Household income range:

- ☐ 0-9,999
- ☐ 10,000-19,999
- ☐ 20,000-29,999
- ☐ 30,000-39,999
- ☐ 40,000-49,999
- ☐ 50,000-59,999
- ☐ 60,000-69,999
- ☐ 70,000-79,999
- ☐ 80,000-89,999
- ☐ 90,000-99,999
- ☐ 100,000 and above

EMPLOYMENT HISTORY

List ***10 years*** of employment (starting with ***most recent***; attach sheet of paper if more space is needed)

Employer	
Address (City, State)	
Occupation	
Estimated yearly salary	
Dates of employment	
Usual work hours	
Reason for leaving	

Employer	
Address	
Occupation	
Estimated yearly salary	
Date of employment	
Usual work hours	
Reason for leaving	

Employer	
Address	
Occupation	
Estimated yearly salary	
Date of employment	
Usual work hours	
Reason for leaving	

Employer	
Address	
Occupation	
Estimated yearly salary	
Date of employment	
Reason for leaving	

Employer	
Address	
Occupation	
Estimated yearly salary	
Date of employment	
Reason for leaving	

Employer	
Address	
Occupation	
Estimated yearly salary	
Date of employment	
Reason for leaving	

PREVIOUS FOSTER CARE EXPERIENCE

Have you ever been a foster parent before?

☐ Yes ☐ No

If yes, list month/year of service and name of agency: _____

_____

_____

How many children were placed in your care? _____

Who initiated the withdraw/termination? _____

Reason for withdraw/termination: _____

Please explain why you would like to become a Foster Parent with Access Foster Care & Adoption.

_____

_____

_____

_____

Section 2: This section is to be filled out by the prospective foster parent's spouse or significant other living in the home (secondary applicant). If there is no secondary applicant, continue to Section 3.

GENERAL INFORMATION

Full Name: (first)_____(middle)_____

(last)_____(maiden and/or aliases) _____

Date of Birth: _____

Address:_____
Street Apartment

_____
City/Town State Zip Code

_____
County Township School District

Length of time at your current address: Years_____Months_____

Home phone:_____Cell Phone: _____

E-mail address: _____

Gender: _____ Social Security Number: _____

Do you own a vehicle?

☐ Yes ☐ No

Do you have a valid PA Driver's License? **(this is preferred)**

☐ Yes ☐ No

Are you willing to transport children to necessary appointments?

☐ Yes ☐ No

If no, please explain:

_____

_____

Are you a U.S. Citizen/Permanent Resident of the U.S.?

☐ Yes ☐ No

EDUCATIONAL INFORMATION

Name of high school attended: _____

Last year attended: _____

Graduated?

☐ Yes ☐ No

GED?

☐ Yes ☐ No

Name of college(s)/university(ies): _____

Years attended: _____ Degree(s) received: _____

List any courses, seminars, conferences, or special trainings/certificates that would be relevant to this position:

_____

_____

_____

MEDICAL HEALTH INFORMATION

Are you currently under a physician's care for any medical/mental health conditions?

☐ Yes ☐ No

If yes, describe: _____

_____

Please list any chronic health issues: _____

_____

Are you free from contagious diseases?

☐ Yes ☐ No

If no, describe: _____

Were you treated for Substance Abuse or Addictions in the last ten years?

☐ Yes ☐ No

If yes, please explain: _____

_____

_____

MARITAL STATUS

☐ Married
☐ Divorced
☐ Separated
☐ Widowed
☐ Live in partner
☐ Single

If married, date of marriage: _____

If applicable, date of divorce or separation: _____

If applicable, how many years have you and your partner/spouse lived together?

_____

INCOME INFORMATION

Major sources of income:

☐ Employment
☐ Disability (SSDI)
☐ Retirement funds
☐ Social Security (SSI)
☐ Unemployment
☐ Other: _____

Have you filed for bankruptcy in the past 10 years?

☐ Yes ☐ No

If yes, please list month/year: _____

EMPLOYMENT HISTORY

List ***10 years*** of employment (starting with ***most recent***; attach sheet of paper if more space is needed)

Employer	
Address (City, State)	
Occupation	
Estimated yearly salary	
Dates of employment	
Usual work hours	
Reason for leaving	

Employer	
Address	
Occupation	
Estimated yearly salary	
Date of employment	
Usual work hours	
Reason for leaving	

Employer	
Address	
Occupation	
Estimated yearly salary	
Date of employment	
Usual work hours	
Reason for leaving	

Employer	
Address	
Occupation	
Estimated yearly salary	
Date of employment	
Reason for leaving	

Employer	
Address	
Occupation	
Estimated yearly salary	
Date of employment	
Reason for leaving	

Employer	
Address	
Occupation	
Estimated yearly salary	
Date of employment	
Reason for leaving	

PREVIOUS FOSTER CARE EXPERIENCE

Have you ever been a foster parent before?

☐ Yes ☐ No

If yes, list month/year of service and name of agency: _____

_____

_____

How many children were placed in your care? _____

Who initiated the withdraw/termination? _____

Reason for withdraw/termination: _____

Please explain why you would like to become a Foster Parent with Access Foster Care & Adoption.

_____

_____

_____

_____

_____

_____

_____

_____

Section 3: Please list everyone living in your home* <u>excluding the primary and secondary applicants</u> *(household member is defined as* <u>any individual who spends 30 calendar days per year</u> *overnight in the home)

Name of Household Member	
Relationship	
Date of Birth	
Name of Household Member	
Relationship	
Date of Birth	
Name of Household Member	
Relationship	
Date of Birth	
Name of Household Member	
Relationship	
Date of Birth	
Name of Household Member	
Relationship	
Date of Birth	

Planned occupancy - are there future plans for anyone else to be moving in/out of the home?

☐ Yes ☐ No

If yes, explain:

_____

_____

Section 4: If you are the parent, caregiver, or guardian of any other individual (child or adult) <u>not</u> living in your home, please list below.

Name of Individual	
Relationship	
Date of Birth	
City/State of Residence	
Name of Individual	
Relationship	
Date of Birth	
City/State of Residence	
Name of Individual	
Relationship	
Date of Birth	
City/State of Residence	
Name of Individual	
Relationship	
Date of Birth	
City/State of Residence	

Section 5: References—please list a minimum of 3 individuals <u>(no family members)</u> who can comment on <u>both the primary and secondary foster parents' ability to care</u> <u>for children</u>.

Reference Name	
Phone Number	
Mailing Address	
Email Address	
Preferred Method of Contact	
Relationship	
Length of Relationship	

Reference Name	
Phone Number	
Mailing Address	
Email Address	
Preferred Method of Contact	
Relationship	
Length of Relationship	

Reference Name	
Phone Number	
Mailing Address	
Email Address	
Preferred Method of Contact	
Relationship	
Length of Relationship	

Reference Name	
Phone Number	
Mailing Address	
Email Address	
Preferred Method of Contact	
Relationship	
Length of Relationship	

Reference Name	
Phone Number	
Mailing Address	
Email Address	
Preferred Method of Contact	
Relationship	
Length of Relationship	

Section 6: Questionnaire – Please answer the following questions.

1. Briefly describe the work schedule of each adult in the home.

Primary:

Secondary:

Other household member(s):

2. How do you anticipate dividing responsibilities to provide needed care and supervision for a child placed in your home?

3. Foster parents are responsible for providing the children in their care with transportation. Transportation in which foster parents are responsible may include but are not limited to family visits, medical/dental appointments, counseling, and school.

- Are you willing/able to work with Access Foster Care & Adoption's Foster Care team to ensure the child has their transportation needs met?

- Who will be transporting the child?

4. How would you describe your personality and the personality of each member of the household?

Names	Descriptions

5. Tell about a typical work/school day in your home:

- When do household members get up / leave for routine activities?

- What meals, if any, do you eat together?

- What happens during family mealtimes?

- What time does everyone get to bed?

6. Describe a typical weekend.

7. How would you describe the activity level of your family?

8. What kinds of activities do you like to do as a family?

9. Are there any national holidays that you and your family do not celebrate?

10. What do you do on vacations?

Section 7: Review and Signatures for Primary and Secondary Providers

As part of the application process, a PA Department of Motor Vehicles Report, PA Criminal Record Check, PA Child Abuse History Clearance, and a FBI Record Check will be completed.

Conviction of a criminal offense will not necessarily prohibit you from becoming a provider in all cases. Each case is considered on its own merits.

Agreement

By signing, I also give Access Foster Care & Adoption permission to run the following online clearances/searches: County Civil Court Docket Search, PA Common Pleas Court Docket Search, Megan's Law (sexual offender database), EPLS (Excluded Parties List System, checks if excluded from receiving Federal contracts, assistance, etc.), LEIE (List of Excluded Individuals/Entities, parties ineligible to participate in any federal health care program), and the Medicheck List (identifies those who are precluded from participation in the Medical Assistance Program). In addition, Access Foster Care & Adoption reserves the right to have any of the above clearances updated/rerun at any time.

I certify that all information furnished in this application is correct and complete, and I understand that any false statement or omission of material/fact may disqualify me from further consideration in becoming a Provider. I also understand that either party, applicant or Access Foster Care & Adoption, may terminate the approval/denial process of becoming a foster/host family provider at any time without obligation or justification.

Primary Provider's Signature:_____ Date:_____

Secondary Provider's Signature:_____ Date:_____