

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

Native Hawaiian or Other

Asian

Pacific Islander

Black or African American

White

Hispanic or Latino

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 issued 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 Services.

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 Widowed
 Divorced Live in partner
 Separated 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 Social Security (SSI)
 Disability (SSDI) Unemployment
 Retirement funds 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 Services.

Section 3: Please list everyone living in your home excluding the primary and secondary applicants (household member is defined as any individual who spends 30 calendar days per year 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) not 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 (no family members) who can comment on both the primary and secondary foster parents' ability to care for children.

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 Services' 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 Services 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 Medichex List (identifies those who are precluded from participation in the Medical Assistance Program). In addition, Access Services 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 Services, 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: _____