

Application for  
Resource Family

**CHILDREN'S AID HOME PROGRAMS**  
of Somerset County  
P.O. Box 1195 Somerset, Pennsylvania 15501

Open Services

- |   |
|---|
| <input type="checkbox"/> Foster Care            |
| <input type="checkbox"/> Foster Care/Adoption   |
| <input type="checkbox"/> Private Adoption       |
| <input type="checkbox"/> International Adoption |
| <input type="checkbox"/> SWAN                   |

Date: \_\_\_\_\_

**CONFIDENTIAL**

**\*For Private/International Services only, please include \$75 application fee.**

<b>NAME</b>	<b>Applicant 1</b>			<b>Applicant 2</b>				
	Last	First	Middle	Maiden	First	Middle		
<b>BIRTH</b>	Birthdate		Birthplace		Birthdate		Birthplace	
<b>SSN#</b>	- -			- -				
<b>RESIDENCE</b>	Number & Street		Apt. No.	City	County	State	Zip Code	
	Home Phone:			Cell:		Emergency Number:		
	Email address:							
	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent your home?				Monthly payment / rent?			
	No. of rooms		No. of bedrooms		Sleeping arrangements for foster child			
	Do you have plans to move?				Where		When	
<b>DIRECTIONS</b> (to residence)								
<b>RELIGION</b>	<b>Applicant 1</b>				<b>Applicant 2</b>			
	Denomination		Name of church		Denomination		Name of church	
	Pastor		Address		Pastor		Address	
<b>NATIONALITY</b>	Race		Ancestry		Race		Ancestry	
<b>MARRIAGE</b>	Date		Place (City, County, State)			Type of Service		
<b>CHILDREN</b>	Name	Sex	Birthdate	Age	School & Grade or Occupation		Address (if not living at home)	
<b>OTHERS IN HOUSEHOLD</b>	Names		Sex	Birthdate	Age	School & Grade or Occupation		Relationship to you

<b>EDUCATION</b>	Applicant 1					Applicant 2				
	Elementary	High School	Grade Completed (dates)			Elementary	High School	Grade Completed (dates)		
	Other—Specify			Degree		Other—Specify			Degree	
	Other—Specify			Degree		Other—Specify			Degree	
<b>PREVIOUS MARRIAGES</b>	To Whom					To Whom				
	Date & Place					Date & Place				
	How terminated? <input type="checkbox"/> Divorce <input type="checkbox"/> Death    Date:					How terminated? <input type="checkbox"/> Divorce <input type="checkbox"/> Death    Date:				
	Other previous marriages/ Give same information as above					Other previous marriages/ Give same information as above				
<b>OF PREVIOUS MARRIAGES</b>	Name	Relationship	Sex	Birthdate	Age	Name	Relationship	Sex	Birthdate	Age
<b>EMPLOYMENT</b>	Applicant 1					Applicant 2				
	Employer: _____ For How Long?					Employer: _____ For How Long?				
	Position:					Position:				
	Description of hours worked, how many, when?					Description of hours worked, how many, when?				
	Office Phone No.: _____ May we contact you here?					Office Phone No.: _____ May we contact you here?				
	Salary: _____ Net Salary: _____ Benefits: _____					Salary: _____ Net Salary: _____ Benefits: _____				
	Other income: _____ Amount: _____ Source: _____					Other income: _____ Amount: _____ Source: _____				
	Applicant 1					Applicant 2				
<b>MILITARY SERVICE</b>	Type	Year(s)	Discharged			Type	Year(s)	Discharged		
	Health Condition					Health Condition				
<b>PHYSICAL CONDITION</b>	Medications taken					Medications taken				
	Physician					Physician				
	Height	Weight				Height	Weight			
	Hair Color	Eye Color				Hair Color	Eye Color			
Health problems of other family members — please specify?										
<b>INSURANCE</b>	Homeowner's	Yes	No	Renter's	Yes	No				
	Automotive	Yes	No	Medical	Yes	No				
<b>SCHOOL DISTRICT</b>	Life	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Elementary	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Distance	<input type="checkbox"/>	to School
	High	<input type="checkbox"/>		<input type="checkbox"/>		Distance to school				

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What influenced your decision to become a resource parent for a child in care?

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Give age , race and sex of child preferred:

If siblings, will you take more than one child? Explain:

Will you consider a child with physical or mental handicaps? Specify:

Have you ever adopted before? When? Who?

Have you ever had a foster child? When? From whom?

~~Have you ever had an adoption or foster care disruption?~~

~~What other agencies have you worked with or applied to be approved with?~~

Please state your experience with children

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~~What qualities do you feel you have which will enable you to provide the special care required for parenting?~~

Applicant 1:

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Applicant 2:

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Comments or questions

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Please list eight (8) individuals who have known you well for at least two (2) years and will provide personal references. List no more than three (3) relatives. Parents should not be listed as references. Please note that each household can only be counted as one reference.

1. Name	Address
Phone	Occupation
	How long known
	Email address

2. Name	Address
Phone	Occupation
	How long known
	Email address

3. Name	Address
Phone	Occupation
	How long known
	Email address

4. Name	Address
Phone	Occupation
	How long known
	Email address

5. Name	Address
Phone	Occupation
	How long known
	Email address

<del>6. Name</del>	<del>Address</del>
Phone	Occupation
	How long known
	Email address

<del>7. Name</del>	<del>Address</del>
Phone	Occupation
	How long known
	Email address

<del>8. Name</del>	<del>Address</del>
Phone	Occupation
	How long known
	Email address

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# Foster Parent's Agreement

## With The Children's Aid Home Programs

### Of Somerset County

IN BECOMING FOSTER PARENTS, WE UNDERSTAND AND AGREE THAT:

1. We are applying for a child for temporary foster care. By doing so, we will accept the conditions of the child's placement as specified by the Agency, which we recognize has legal responsibility for the child.
2. We shall never assert any rights, custody, or control adverse to that of the Agency. It shall have the right to visit, to inspect and supervise measures taken by us to promote the child's well-being.
3. We have the right to appeal the removal of a foster child from our home under the procedures specified by Foster Family Care Service for Children regulations identified as Chapter II, Section 31 of the Social Services manual effective 7/1/80. (A copy of these regulations will be furnished to all approved foster parents. )
4. We will not remove a foster child from the County without first contacting the Agency for prior approval. In many instances, permission from the Agency will be in the form of a written statement to accompany the child while out of the county jurisdiction.
5. We will promptly notify the Agency of any change of residence within the county.
6. We understand that any child entrusted to us is not for permanent placement, and we agree not to do any act or thing with a view toward adoption under pain of forfeiture of this contract and immediate return of such child to the Agency. We understand that foster care means temporary care of the child and the goal of such care is usually return to the natural parents.
7. In the event that a child's placement goal is changed to that of adoption, we understand the custodial agency makes any/all decisions regarding potential adoptive parents. If we so desire to be considered, this does not guarantee that the child will remain in our home.
8. Separation or divorce between us, or the death of either of us, will, at the option of the Agency, terminate this contract and require the immediate return of the child to the Agency.
9. The Agency pays us board and clothing allowances. The costs of medical care for a foster child will be paid by either medical insurance and/or the Agency.
10. We agree not to disclose any information about the child placed in our home and at all times will observe confidentiality to protect the child and his/her family.
11. We will supply the Agency with a written statement from our physician concerning our health conditions, insuring freedom from contagious disease and ability to handle increased stress. An annual report of a health appraisal by a certified physician will be furnished thereafter to the Agency.
12. We declare that we have not, nor any member of our household, have been convicted of any offense related to the abuse of children, or of violent or assaultive behavior.

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How long have you resided at your current residence?** \_\_\_\_\_

**Please list all previous addresses for the past 10 years:**

1. Street Address \_\_\_\_\_  
Town, State, Zip \_\_\_\_\_  
County \_\_\_\_\_  
Dates of Residency at this Address \_\_\_\_\_
2. Street Address \_\_\_\_\_  
Town, State, Zip \_\_\_\_\_  
County \_\_\_\_\_  
Dates of Residency at this Address \_\_\_\_\_
3. Street Address \_\_\_\_\_  
Town, State, Zip \_\_\_\_\_  
County \_\_\_\_\_  
Dates of Residency at this Address \_\_\_\_\_
4. Street Address \_\_\_\_\_  
Town, State, Zip \_\_\_\_\_  
County \_\_\_\_\_  
Dates of Residency at this Address \_\_\_\_\_
5. Street Address \_\_\_\_\_  
Town, State, Zip \_\_\_\_\_  
County \_\_\_\_\_  
Dates of Residency at this Address \_\_\_\_\_
6. Street Address \_\_\_\_\_  
Town, State, Zip \_\_\_\_\_  
County \_\_\_\_\_  
Dates of Residency at this Address \_\_\_\_\_
7. Street Address \_\_\_\_\_  
Town, State, Zip \_\_\_\_\_  
County \_\_\_\_\_  
Dates of Residency at this Address \_\_\_\_\_

(If needed, please write any others on a separate sheet of paper)