



Allegheny West Neighborhood Center
2300 W. Allegheny Avenue
Philadelphia, PA 19132
215-225-2649

FOSTER CARE APPLICATION

INDICATE WHICH PROGRAM YOU ARE APPLYING TO WORK WITH:

___ Family Foster Care ___ Kinship Foster Care ___ Community Homes/Respite

If you are applying to be a kinship parent, please list the name(s) of the youth(s) you are looking to have placed in your home _____.

What is your relationship to this/these youth? _____.

APPLICANT (S) INFORMATION

Foster Parent #1 - full name <i>(include maiden, if applicable)</i>	Birth date	Social Security Number
Foster Parent #2 - full name <i>(include maiden, if applicable)</i>	Birth date	Social Security Number

HOME INFORMATION

		Street, City, Zip Code		Length of time at this address	
Current address					
List all addresses for the past 10 years <i>(Use separate sheet, if necessary)</i>					
Number of bedrooms			Do you own home or rent?		
Who provides general liability and fire insurance coverage (homeowner's or renter's insurance) for premises where foster care will be provided?					
Home Telephone number(s)		FP#1 Work Telephone Number		FP#1 Cell Phone Number	
		FP#2 Work Telephone Number(s)		FP#2 Cell Phone Number	

HOUSEHOLD MEMBERSHIP

NAMES OF ALL HOUSEHOLD MEMBERS (USE SEPARATE SHEET, IF NECESSARY)	BIRTH DATE	SOCIAL SECURITY #	RELATION -SHIP	SCHOOL ATTENDING

CHILDREN LIVING OUTSIDE OF THE HOME:

Name	Date of birth	Gender	Current whereabouts

RELIGIOUS BACKGROUND:

FOSTER PARENT #1: _____

FOSTER PARENT #2: _____

EDUCATIONAL BACKGROUND:

FOSTER PARENT #1:

	Name & Location of School	Years Attended	Year Graduated
Elementary School			
High School			
College or Vocational School			

FOSTER PARENT #2:

	Name & Location of School	Years Attended	Year Graduated
Elementary School			
High School			
College or Vocational School			

MARITAL INFORMATION

MARITAL HISTORY OF FOSTER PARENT #1 *(use separate sheet, [necessary])*

Date of Marriage:		County and State:	
Have you ever filed for or completed divorce proceedings?		If Yes, date of Divorce	
Location		Name of former spouse	

MARITAL HISTORY OF FOSTER PARENT #2 *(use separate sheet, [necessary])*

Date of Marriage:		County and State:	
Have you ever filed for or completed divorce proceedings?		If Yes, date of Divorce	
Location		Name of former spouse	

EMPLOYMENT INFORMATION

FOSTER PARENT #1

Employer (Name, address and phone number) _____

Gross weekly income *(provide copies of last two pay stubs)* _____

Length of employment _____

Previous Employer *(if less than five years at current employment):* _____

FOSTER PARENT #2

Employer (Name, address and phone number) _____

Gross weekly income *(provide copies of last two pay stubs)* _____

Length of employment _____

Previous Employer *(if less than five years at current employment):* _____

LEGAL ISSUES

Has anyone living in your home ever been charged with a crime or arrested? _____

If Yes, what was the nature of the offense? _____

What was the date of the offense? _____

Where did the offense occur (Include Municipality, City & State)? _____

Has any one living in your home ever been convicted of a crime? _____

If Yes, what was the nature of the offense? _____

What was the date of the offense? _____

Where did the offense occur (Include Municipality, City & State)? _____

Has anyone living in your home ever filed for a Protection From Abuse order? _____

If Yes, what was the person's legal name at the time of the filing? _____

Where was the order filed? (Include Municipality, City & State) _____

When was the petition filed? _____

Has anyone living in your home ever had a Protection From Abuse order filed against them? _____

If Yes, what was the person's legal name at the time of the filing? _____

Where was the order filed? (Include Municipality, City & State) _____

When was the order filed? _____

FINANCIAL INFORMATION:

Have you, at any time, filed for Bankruptcy (Chapter 7, 11, 12 or 13)? _____

If yes, which Chapter (s)? _____

If yes, what was your legal name at the time of the filing? _____

Where did the filing occur? (Include Municipality, City & State) _____

What was the date of the filing? _____

What were the reasons for filing for bankruptcy? _____

Have you made the payments according to the arrangements which were set? _____

Has the bankruptcy been satisfied? _____

If Yes, when? _____ If No, when do you anticipate it being satisfied? _____

Has this or any previous home that you purchased ever been involved in foreclosure/eviction proceedings? _____

PREVIOUS FOSTER CARE AGENCY AFFILIATIONS

(Use separate sheet, if necessary – Please note you will need to provide documentation that you are no longer working with the agencies)

Name & Address of Agency	Dates of Involvement	Number & Ages of youths Served	Reason(s) for Leaving

SPECIFIC INFORMATION ON FOSTER CHILD PREFERENCE(S)

Age Range Preference <i>(Please Circle)</i>	Under 2 Years	3- 5 Years	6 -12 Years	Over 12 Years	No Age Preference
Gender			Race		Religion
Other Preferences					
Will you provide temporary care? <i>(less than 30 days)</i>			Will you provide care to a handicapped child?		

REFERENCES

Please provide the names and addresses of four people **who are not relatives** and who have known you for at least three years.

NAME	ADDRESS (Include City, State & Zip Code)	PHONE NUMBER
1.		
2.		
3.		
4.		

REFERRAL INFORMATION

Were you referred to Carson Valley Children’s Aid by a current foster parent? _____

If yes, what is his or her name? _____

What is your relationship to this individual? _____

PLEASE ATTACH ALL DOCUMENTATION THAT WAS REQUESTED TO VERIFY THE INFORMATION ON THIS APPLICATION.

The Agency reserves the right to request additional information pertinent to the application process.

I/We have completed this application and the facts contained herein are true and correct to the best of my/our knowledge, information and belief. I/We verify that false statements herein are subject to the penalties 18 PA C.S. § 4904 relating to unsworn falsification to authorities. I/We further understand that any falsification of information stated above will disqualify me from becoming a Foster Parent.

Foster Parent #1 _____ Date: _____

Foster Parent #2 _____ Date: _____