



Application for Prospective Adoptive Parent

Date of Application: _____

Requirements for Foster Applicants:

- Must be a responsible, healthy adult at least 21 years old
• Can be married or single
• If divorced, legally divorced for at least one year.
• Must be a US Citizen
• Proof of homeowner's/renter's insurance with liability coverage

How did you hear about Hope For Kids? _____

Directions to Home:

NAME (Adult #1): _____

ADDRESS: _____

PHONE: Home: _____ Work: _____
Cell: _____ Pager: _____

DATE OF BIRTH: _____ PLACE: _____

MARITAL STATUS: _____ DATE: _____

SS#: _____ DL#: _____

RACE: _____ RELIGIOUS PREFERENCE: _____

History of Residence for Past Ten (10) Years:

Table with 4 columns: Home Address, City, State, Dates of Residence. Contains 5 rows of blank lines for data entry.

Previous Marriage (previous name(s), date(s) of marriage(s), termination(s), reasons for termination):

Children:	DOB & Age:	Residence:	SS#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NAME (Adult #2): _____

ADDRESS: _____

PHONE: Home: _____ Work: _____
Cell: _____ Pager: _____

DATE OF BIRTH: _____ PLACE: _____

MARITAL STATUS: _____ DATE: _____

SS#: _____ DL#: _____

RACE: _____ RELIGIOUS PREFERENCE: _____

History of Residence for Past Ten (10) Years:

Home Address	City	State	Dates of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Marriage (previous name(s), date(s) of marriage(s), termination(s), reasons for termination):

Children:	DOB & Age:	Residence:	SS#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOUSEHOLD INFORMATION:

Please provide the following information on every other member of your household besides you and/or your spouse. Please note that you will need to request criminal, child and FBI background checks on every person in your home 14 years of age and older.

First, Middle, and Last Name:	DOB & Age:	Relationship:	SS#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT AND INCOME:

Adult #1

Employer: _____ Occupation: _____

Address: _____

Phone: _____

Immediate Supervisor: _____

Permission to Contact Employer: YES _____ NO _____

Beginning Date: _____ Monthly Salary: _____

Work Schedule: _____

Adult #2

Employer: _____ Occupation: _____

Address: _____

Phone: _____

Immediate Supervisor: _____

Permission to Contact Employer: YES _____ NO _____

Beginning Date: _____ Monthly Salary: _____

Work Schedule: _____

TOTAL MONTHLY HOUSEHOLD INCOME:

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Total: _____

TOTAL MONTHLY EXPENSES:

BUDGET

BUDGET ITEM	AMOUNT ALLOTTED
RENT/MORTGAGE	
CAR PAYMENT AND INSURANCE	
UTILITIES	
GROCERIES	
CREDIT CARDS	
OTHER BILLS	
ENTERTAINMENT	
CLOTHING	
MISC.	
TOTAL	

Provide evidence of financial stability including income verification, employment history, current liens and bankruptcy findings within the last ten years. (Examples: tax returns, bank statements, pay stubs etc.)

Authorization: Submission of this signed application signifies that the applicants authorize Hope For Kids to obtain a copy of any consumer or credit report related to this application and to verify any rental history, employment history, or any other information related to this application.

EDUCATION:

Adult #1: HIGHEST LEVEL OF EDUCATION: _____ (Attach Evidence)

Adult #2: HIGHEST LEVEL OF EDUCATION: _____ (Attach Evidence)

RELEVANT HISTORY:

Adult #1:

- Have you or any adult living in your home ever applied to any other agency to be a foster parent?

Yes No

Name of agency: _____ Date: _____

Address: _____

- Have you or any adult living in your home ever been denied foster care license or license renewal?

Yes No

If yes, explain: _____

- Is your home currently licensed, regulated, approved, or operated by any other agency?

Yes No If yes, Name of Agency: _____

- Have you ever been arrested or convicted of a felony or misdemeanor?

Yes No

If yes, explain: _____

- Have you ever been reported for abuse or neglect of a child or children?

Yes No

If yes, explain: _____

- Have you ever been convicted of child abuse or neglect?

Yes No

If yes, explain: _____

- Have you ever had any involvement of any type with Child Protective Services or other government children's and family services agencies?

Yes No

If yes, explain: _____

- Have you ever had a protection from abuse order filed by or against you?

Yes No

If yes, explain: _____

- Have you or any adult living in your home ever had a foster care license rescinded?

Yes No

If yes, explain: _____

- Have you or any adult living in your home ever had any drug or alcohol related arrests, whether criminal charges or judicial proceedings are pending and convictions or hospitalizations within the last five years?

Yes No

If yes, explain: _____

Adult #2:

- Have you or any adult living in your home ever applied to any other agency to be a foster parent?

Yes No

Name of agency: _____ Date: _____
Address: _____

- Have you or any adult living in your home ever been denied foster care license or license renewal?

Yes No

If yes, explain: _____

- Is your home currently licensed, regulated, approved, or operated by any other agency?

Yes No If yes, Name of Agency: _____

- Have you ever been arrested or convicted of a felony or misdemeanor?

Yes No

If yes, explain: _____

- Have you ever been reported for abuse or neglect of a child or children?

Yes No

If yes, explain: _____

- Have you ever been convicted of child abuse or neglect?

Yes No

If yes, explain: _____

- Have you ever had any involvement of any type with Child Protective Services or other government children's and family services agencies?

Yes No

If yes, explain: _____

- Have you ever had a protection from abuse order filed by or against you?

Yes No

If yes, explain: _____

- Have you or any adult living in your home ever had a foster care license rescinded?

Yes No

If yes, explain: _____

- Have you or any adult living in your home ever had any drug or alcohol related arrests, whether criminal charges or judicial proceedings are pending and convictions or hospitalizations within the last five years?

Yes No

If yes, explain: _____

Both Adults:

On a separate sheet of paper, please list those persons other than your own children who are living or have lived with you within the past ten years. Give name, date of birth and relationship to you.

On a separate sheet of paper, please list employment history for the past five years. Give Company Name, Address, Phone, and length of employment.

Do you own or keep any pets in your home? Yes No

Do you own or keep any guns or projectiles (e.g. darts, arrows, BB's) in your home?

Yes No

If yes, explain: _____

Has anyone in your household had difficulties in the following areas?

- Disorder/disease of the heart, lungs, liver, pancreas, colon, back, bones, muscles or joints?
Yes No
- Disorder/disease of the digestive system, urinary tract, kidneys, reproductive system/infertility?
Yes No
- Immune disorder, AIDS, ACR or chronic lung disorder?
Yes No
- Stroke, paralysis, leukemia, cancer, tumors, neurological or seizure disorder, arthritis, or birth defect?
Yes No
- Mental, nervous, or behavioral disorder, chemical imbalance, alcoholism or drug abuse or addiction?
Yes No
- Diabetes?
Yes No
- High blood pressure?
Yes No
- Has any one been advised to have or contemplated having diagnostic tests, treatment(s) (including medications), counseling or hospitalization for any condition not already mentioned or is any one totally or partially disabled?
Yes No

Please provide details for any "Yes" answers as follows:

Name	Condition & Diagnosis	Dates	Treatment & Results
1.			
2.			
3.			
4.	Please list any other known serious illnesses, handicaps, chronic conditions or emotional problems, past or present for all persons living in the home.		
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ADDITIONAL PAPERWORK:

Clearances: **For each person 18 and older living in the house, Pennsylvania Child Abuse History Clearance, Pennsylvania Criminal History Clearance and FBI Fingerprint Based Clearance. Also any biological child 14 years of age and older, who resides at least 30 calendar days a year in the home of a foster or adoptive parents.** After the initial clearance individuals age 14 and older, who continue to reside in an approved home for at least 30 calendar days a year, will not be required to resubmit clearance requests until they turn 18 if they will be residing in the home for at least 30 calendar days a year, as required by Act 160

Family background: Attach extra sheets of paper for this information. **Write a life story describing your family backgrounds including number of children, quality of family relationships, and any significant information, which will help us, know your family background.** Describe your family life growing up and your adult life. Describe what happened in your life to lead you to the decision of applying to become foster parents. The wife and husband need to write separate stories. Education: List high school, any college, training/technical school, dates of graduation; and degrees held.

Please attach a **floor plan of your home indicating the purpose of each room** (e.g. bedroom for foster children, bedroom for foster parents, etc.) and the dimensions of each room. (The floor plan does not have to be to scale.)

Please attach your **medical exam with TB tests for each person 18 and older living in the house.**

Please attach copies of your **driver's license, car insurance, car registration, date of last car inspection, and homeowners/renters insurance policy.**

Please attach **vaccinations, dated within a year prior to date of application, for each of your pets.**

Other Resident (14 years old or older)

Full Name: _____ Other Names Used: _____

Social Security Number: _____

Pennsylvania Drivers License Number (attach a copy): _____

Birth Date: _____ Birth Place: _____ Ethnicity: _____

Age: _____ Sex: _____

Please list all city/states you have lived in: _____

Signature of Other

Date

Other Resident (14 years old or older)

Full Name: _____ Other Names Used: _____

Social Security Number: _____

Pennsylvania Drivers License Number (attach a copy): _____

Birth Date: _____ Birth Place: _____ Ethnicity: _____

Age: _____ Sex: _____

Please list all city/states you have lived in: _____

Signature of Other

Date

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Social Security Number: _____

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Birth Date: _____ Birth Place: _____ Ethnicity: _____

Age: _____ Sex: _____

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Signature of Other

Date

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Social Security Number: _____

Pennsylvania Drivers License Number (attach a copy): _____

Birth Date: _____ Birth Place: _____ Ethnicity: _____

Age: _____ Sex: _____

Please list all city/states you have lived in: _____

Signature of Other

Date

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Full Name: _____ Other Names Used: _____

Social Security Number: _____

Pennsylvania Drivers License Number (attach a copy): _____

Birth Date: _____ Birth Place: _____ Ethnicity: _____

Age: _____ Sex: _____

Please list all city/states you have lived in: _____

Signature of Other

Date

Other Resident (14 years old or older)

Full Name: _____ Other Names Used: _____

Social Security Number: _____

Pennsylvania Drivers License Number (attach a copy): _____

Birth Date: _____ Birth Place: _____ Ethnicity: _____

Age: _____ Sex: _____

Please list all city/states you have lived in: _____

Signature of Other

Date

In order to help Hope For Kids find the most appropriate child to place in your home, we need the following information from you about the types of children you feel most comfortable working with.

SPECIAL NEEDS CHECKLIST

HEALTH

	Preferred	Acceptable	Will Consider	Unacceptable
No significant Health Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies or asthma (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactivity (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Problems (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Problems (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legally Deaf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes medication regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legally Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Palsy (may require wheelchair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Problems (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing or Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

	Preferred	Acceptable	Will Consider	Unacceptable
High Achiever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achieving on grade level in regular classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achieving below grade level in regular classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs special ed. support for behavior problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs special ed. classes for academic problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs classes for the emotionally or behaviorally handicapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs tutoring in one or more subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has serious behavior problems at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHARACTERISTICS AND BEHAVIORS

	Preferred	Acceptable	Will Consider	Unacceptable
Generally quiet and shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally outgoing and noisy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has emotional issues requiring therapy at present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has tendency to reject father figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has tendency to reject mother figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty making friends and relating with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently wets the bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently soils him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masturbates frequently and/or openly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has poor social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a problem with lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a problem with stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently starts physical fights with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tends to abuse animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tends to be destructive of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently uses foul or bad language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has frequent temper tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty accepting and obeying rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been hospitalized at a psychiatric facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been physically or sexually abused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No Obligation Acknowledgement

Adult #1

The undersigned acknowledges that he/she is not obligated to provide foster/adopt care, nor is Hope For Kids obligated to assign, or actively seek to assign, a foster/adopt child to the applicant.

Signature of Adult #1

Date

Adult #2

The undersigned acknowledges that he/she is not obligated to provide foster/adopt care, nor is Hope For Kids obligated to assign, or actively seek to assign, a foster/adopt child to the applicant.

Signature of Adult #2

Date

Release of Information

Adult #1

I hereby declare the information I have provided on this foster/adopt parent application to be true and complete to the best of my knowledge. I understand that any misstatement or omission of fact(s) on this application could be considered cause for disapproval as a foster/adopt parent.

I authorize Hope For Kids to obtain any information that would assist in the evaluation of my application to participate in the foster/adopt care program.

As part of Hope For Kids matching process, authorized Hope For Kids personnel upon request may elicit additional personal information from the applicant.

Signature of Adult #1

Date

Adult #2

I hereby declare the information I have provided on this foster/adopt parent application to be true and complete to the best of my knowledge. I understand that any misstatement or omission of fact(s) on this application could be considered cause for disapproval as a foster/adopt parent.

I authorize Hope For Kids to obtain any information that would assist in the evaluation of my application to participate in the foster/adopt care program.

As part of Hope For Kids matching process, authorized Hope For Kids personnel upon request may elicit additional personal information from the applicant.

Signature of Adult #2

Date

Consent for Release of Information

Please list all agencies or related service office with whom you have been involved as a foster or adoptive parent, applicant, or volunteer, either in or outside the State of Pennsylvania.

Agency Name: _____ Date: _____

Address: _____

City, State Zip: _____

Phone Number: _____ Fax Number: _____

Agency Name: _____ Date: _____

Address: _____

City, State Zip: _____

Phone Number: _____ Fax Number: _____

Agency Name: _____ Date: _____

Address: _____

City, State Zip: _____

Phone Number: _____ Fax Number: _____

I (We) have not been involved with any agency or related service office as a foster/adoptive parent, applicant, volunteer, or any other capacity.

I (We) understand the above agencies will be contacted for verification of my (our) statements(s) and hereby authorize, as a condition of and in consideration of becoming a foster/adoptive parent with Hope For Kids, the release of any information from the above agencies regarding my (our) character, past conduct, foster or adoptive experience and other related matters.

Signature of Adult #1

Date

Signature of Adult #2

Date