



Delta Community Supports, Inc.

2210 Mt. Carmel Avenue  
Glenside, PA 19038-4619  
Phone: (215) 887-6300 Fax: (215) 887-6400

**FOSTER CARE PARENT APPLICATION**

(Please print clearly)

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

**Applicant I:** \_\_\_\_\_

First Name Middle Name Last Name

\_\_\_\_\_

Date of birth Social Security number Race

**Have you lived in a state other than Pennsylvania within the last five years?** \_\_\_\_\_

**Applicant II:** \_\_\_\_\_

First Name Middle Name Last Name

\_\_\_\_\_

Date of birth Social Security number Race

**Have you lived in a state other than Pennsylvania within the last five years?** \_\_\_\_\_

**Current Address of Applicants I & II:** \_\_\_\_\_

Street Apt

\_\_\_\_\_

City State Zip code

**APPLICANT I:**

**APPLICANT II:**

Landline Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Language: \_\_\_\_\_ any other language: \_\_\_\_\_

Household Religion: \_\_\_\_\_

**Marital Status:** Single \_\_\_\_\_ Married Couple \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Unmarried Couple \_\_\_\_\_

Previous Marriage: Applicant I: yes or no Applicant II: yes or no

**Applicant I Employment History:**

Present Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Date employment began: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

**If unemployed, source of income** \_\_\_\_\_

**Education:** Include High School, College, Graduation Dates and Degrees

\_\_\_\_\_  
\_\_\_\_\_

**Applicant II Employment History:**

Present Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Date employment began: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

**If unemployed, source of income** \_\_\_\_\_

**Education:** Include High School, College, Graduation Dates and Degrees

\_\_\_\_\_  
\_\_\_\_\_

**YOUR HOME:**

List CHILDREN (under the age of 18) living in your home. Please include names, birthdates, relationship, gender and social security number for each child.

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List ADULTS (over the age of 18) living in your home. Please include names, birthdates, relationship, gender and social security number for each adult.

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List all CHILDREN and/or ADULTS who will be in your home 30 days or more within the year. Please include names, birthdates, relationship and gender.

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Do you own or rent your home? \_\_\_\_\_

How long have you lived in your home? \_\_\_\_\_

How many bedrooms do you have in your home? \_\_\_\_\_

Do you have space available for a foster child? \_\_\_\_\_

With whom would the foster child room with? \_\_\_\_\_

Do you own any pets? \_\_\_\_\_ If so what kind? \_\_\_\_\_

**DISTRICT:**

Name of School District: \_\_\_\_\_

Name of Police District: \_\_\_\_\_

What kinds of safety precautions are available in your home?

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**TRANSPORTATION:**

Do you have a valid Driver's License? \_\_\_\_\_

Do you own a vehicle? \_\_\_\_\_

**PREVIOUS AND RELATED EXPERIENCE:**

List any and all previous foster care agencies with whom you have worked and or applied:

1. \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**NOTE: Delta Community Supports, Inc. reserves the right to request additional information regarding your previous affiliation.**

**SOURCE:**

How did you hear about Delta? \_\_\_\_\_

If the person referring you is a Delta foster parent, please write that person's name:

\_\_\_\_\_

**STATEMENT OF EQUAL OPPORTUNITY:**

**Delta Community Supports, Inc. is committed to its longstanding policy of recruiting, employing, and promoting individuals solely on the basis of individual qualification and without regard to sex, race, age, disability, color, religion or national origin. It is our intention to comply fully with all applicable federal, state and local laws and regulations governing employment practices.**

**CONFIDENTIALITY STATEMENT:**

**The information you have provided is exclusively for the purpose of becoming a foster parent and will not be shared with other entities for other purposes outside of foster care and/or adoptive reasons.**

**SIGNATURE:**

**By signing below, I agree that the facts set forth above in this application are true and complete. I understand that false statements on this application shall be considered sufficient cause of terminating my request to become a foster parent.**

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**Signature- Applicant I** **Date**

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**Signature- Applicant II** **Date**