



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: _____

What Type of Foster Parent are you applying for?

Regular___ Medical___ Treatment___ Respite___

Have you attended Orientation 1? Please circle one: Yes or No

(If yes, please specify 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.

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

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.

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?

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.

CRIMINAL HISTORY:

Have you ever been arrested? Applicant I _____ Applicant II _____

If yes, explain the circumstances of the arrest: _____

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.

Signature- Applicant I **Date**

Signature- Applicant II **Date**



The following items must be completed before your Homestudy Interview can be scheduled. Feel free to bring them to Delta to be copied.

As you collect the information, please forward it to:

**Khalilah Plowden, Managed Care Resource Coordinator
Delta Community Supports, Inc.
2210 Mt. Carmel Avenue
Glenside, PA 19038**

Items Required:

1. Proof of income for the previous two years (ex: tax return, W-2)
2. Copy of driver's license (if you drive)
3. If you drive, proof that you are an insured driver in the state of Pennsylvania. This could be a copy of an insurance card or policy that has your name on it.
4. Copy of automobile registration (if you own a vehicle)
5. Proof of homeowner's insurance (if you own your home)
6. Completed Physical

**Need help? Have questions?
Contact Khalilah Plowden
215-887-6300, ext. 107**

Revised: 4/22/2014

