

Resource (Foster) Parent Checklist

	DOCUMENT		DATE SUBMITTED
1.	Resource Parent Application		
2.	3 Completed Reference Questionnaires	Must be completed by non-relatives Must have known applicant for 2+ years	
3.	Physical	Use Delta form provided	
4.	Completed FBI Information Form(s)		
5.	Completed Disclosure Packet(s)		
6.	Proof of Income	2 years W-2 or tax return	
7.	Copy of Homeowner's or Renters Insurance		
8.	Copy of Auto Insurance		
9.	Copy of Auto Registration		
10.	Copy of Driver's License/ Gov't Issued Photo ID	Photo must be clear	
11.	Copy of License to Carry	*If applicable	
12.	Vaccine Records for Pet/s in Home	*If applicable	

All Household Members 18 and older need FBI Forms completed

All Household Members 14 and older need Disclosure Forms completed

Household Members are anyone that spends 30 or more days in your home in the year.

For example: babysitters, relatives, friends, stepchildren, paramours (boyfriend/girlfriend)

REFERENCES cannot be relatives and must have known applicant for at least 2 years. Below is a list of *suggested* acceptable references:

- Co-workers/Supervisor
- Friends/Current Foster Parents
- Neighbors
- Mentors
- Teachers/Professors/Classmates
- Church Affiliates



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? Yes or No (If so, provide date) _____

Applicant I: _____
First Name Middle Name Last Name

Date of Birth Social Security Number Race

Applicant II: _____
First Name Middle Name Last Name

Date of Birth Social Security Number Race

Address: _____
Street Apt.

City State Zip Code

Home Phone: _____

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 _____ no _____ Applicant II: yes _____ 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 all CHILDREN living in your home. Please include names, birthdates, relationship, gender, & social security numbers for each child.

List all ADULTS (over the age of 18) living in your home. Please include names, birthdates, relationship, gender and security numbers for each child:

List all Children and/ or Adults who will be in your home 30 days or more within the year. Please include birthdates, relationship, gender, and social security numbers for each adult.

Describe any continuing **Family Health** concerns:

Name and Address of **Family Physician**:

YOUR HOME:

How long have you lived in your home? _____

How many bedrooms do you have in your home? _____

Do you own or rent your home? _____

Do you have space available in your home for a foster child? _____

With whom would the child room? _____

What types of fire safety precautions are available in your home? _____

Do you own any pets? _____ If so, what kind? _____

DISTRICT:

Name of School District you live in: _____ Name of Police District: _____

TRANSPORTAION:

Do you own a vehicle? _____

Do you have a valid Driver's Licenses? _____

PREVIOUS AND RELATED EXPERIENCE:

Have you previously applied to be a Delta Family Services foster parent? _____

If so when _____

List 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 Family Services LLC reserves the right to request additional information regarding your previous affiliations.

Why do you want to foster a child? _____

Describe the child you feel would be appropriate to welcome into your family. *Include age, gender, and special needs.*

What experience have you had that would be helpful in working with children?

What are your views on discipline?

What techniques do you use when correcting behavior?

CRIMINAL HISTORY:

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

Applicant I _____ Applicant II _____ If yes, what state: _____

Have you ever been arrested?

Applicant I _____ Applicant II _____

If yes, explain the circumstances of the arrest: _____

SOURCE:

How did you learn about Delta Family Services, LLC?

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

Referred by: _____

STATEMENT OF EQUAL OPPORTUNITY:

Delta Family Services, LLC is committed to its longstanding policy of recruiting, employing, and promoting individuals solely based on 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:

Delta Family Services, LLC. maintains a strict policy on confidentiality. This means that information about you may only be accessed by your worker; an individual associated with the agency whose duties require access; an appropriate county, state, or federal agency with statutory authority to do so; or an individual authorized to have access by your informed written consent.

There are some circumstances in which this policy becomes void and we are required by law to release information:

1. If we become aware of or suspect child abuse or neglect;
 2. If we become aware that a client may be a danger to himself/herself or others;
 3. If a client makes an overt threat or expresses a clear intent to harm someone, we have a legal duty to warn that person;
 4. If we are ordered by a court to testify or to submit records to the court; or
- As otherwise required by law."

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 for terminating my request to become a foster parent.

Signature – Applicant I

Date

Signature – Applicant II

Date



Delta Family Services,
LLC

REFERENCE QUESTIONNAIRE FOR RESOURCE FAMILIES

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

Name of Applicant(s):	
1) Please explain your relationship to the applicant(s):	
2) How long have you known the applicant(s)?	
3) Continuity and "commitment to purpose" are very important characteristics in a relationship with a child. In your opinion, is this applicant (s) able to commit to a purpose that remains consistent over a reasonable amount of time? Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/>	
If <u>No</u> , please explain your answer:	
4) If <u>Yes</u> or <u>Sometimes</u> , please describe a situation in which the applicant(s) has shown continuity and commitment:	
5) What positive skills does the applicant(s) possess in working with children?	
6) Describe <i>at least one</i> limitation or struggle that the applicant(s) might have in handling children:	
7) Do you have any reason to believe that the applicant(s) would physically harm or molest a child under his/her supervision? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	
Please explain your answer:	

(over)

8) Would the applicant(s) be able to accept team decisions over his/her own opinions and recommendations?	Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>
Please explain your answer:	
9) Is the applicant(s) able to place the needs of children and others over his/her own personal needs?	Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>
Please explain your answer:	
10) Would you want the applicant(s) to care for your children or grandchildren if necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>
Please explain your answer:	
11) To your knowledge, how many children are living in the applicant's home? In your opinion, how might the <i>other children in the home</i> respond to a foster child?	
12) To your knowledge, how many adults (over the age of 18) are living in the applicant's home, in addition to the applicant(s)? In your opinion, how might the <i>other adults in the home</i> respond to a foster child?	
13) Please include any additional comments that would help us determine the appropriateness of the involvement of the applicant(s) in the work and service of Delta Family Services, LLC.	
Print Name:	Signature:
Address:	
Phone:	Date:



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PHYSICAL EXAMINATION FORM

Name of Patient: _____ Date of Birth: _____

Date of Examination: _____ Female ☐ Male ☐

Height: _____ Weight: _____ Blood Pressure: _____

Vision

Right Eye _____ Left Eye _____ Any eye disease, injury or defect? Yes No
If yes, explain: _____

Hearing

Right Ear _____ Left Ear _____ Any ear disease, injury or defect? Yes No
If yes, explain: _____

Normal	Abnormal	Medical Condition	Comments
		Nose, Throat, Speech	
		Mouth, Teeth, Gums, Jaw	
		Abdomen, Inguinal, Femoral Rings	
		Anus and Rectum	
		Chest Wall, Breasts, Lungs	
		Heart	
		Skin	
		Metabolic/Endocrine System	

Yes	No	Medical Condition	Comments
		Hydrocele	
		Variocoele	
		Varicose Veins	
		Flat Feet	
		Neurological Disorders	
		Nervous Disorders	
		Hemic Disorders	
		Orthopedic Disorders	
		Other Disorders - Explain	

(over)

Most recent Tetanus Shot _____
(If unknown, patient must receive as part of exam) Date

Is patient free of contagious diseases? Yes No

Does patient receive regular treatment for any medical condition? Yes No
If yes, explain: _____

Has the patient had any surgical operations of any kind? Yes No
If yes, list surgeries and dates: _____

Is the patient currently taking any medications? Yes No
If yes, list the medications: _____

Has the patient ever received any psychological or psychiatric care? Yes No
If yes, explain: _____

Does the patient have a history of substance abuse? Yes No
If yes, explain: _____

In your opinion,
is this patient physically and mentally capable of caring for a child? Yes No

How long have you known this patient? _____

Name of Physician: _____ Phone: _____
(Please print)

Address: _____

Recommendations and/or comments: _____

Signature of Examining Physician

Date



Fingerprint Clearance Information

PLEASE COMPLETE & RETURN TO DELTA

The following information will be used to register you for obtaining an FBI clearance.

Last Name: _____

First Name: _____ Middle Name: _____

Date of Birth: _____

City/State of Birth: _____

Social Security Number: _____

Sex: _____

Race: _____ Ethnicity: _____

Eye Color: _____

Hair Color: _____

Height _____

Weight: _____

Country of Citizenship: _____

Address: _____

Phone Number: _____

Driver's Licenses #: _____



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DISCLOSURE STATEMENT FOR RESOURCE PARENTS

I, _____, the resource parent applicant, understand that pursuant to 23 Pa. C.S. §§ 6301-6385 known as The Child Protective Services Law (CPSL), the entity, Delta Family Services to which I have applied as a resource parent or by which I am approved as a resource parent, must obtain information about myself and anyone residing in my home to Delta Family Services including specific changes enumerated below for each individual 14 years of age or older who resides in my home.

Delta Family Services shall access and review criminal history record information (CHRI), child abuse history clearances for all household members 14 years of age or older and all other required information and shall make a determination whether or not to approve any resource family home based on such information. By signing this statement, I am authorizing the agency to obtain CHRI and child abuse history information about myself and any child under 18 years old residing in the household for whom I am the parent or legal guardian.
Name of children: _____

I further authorize Delta Family Services to review my credit history for the purpose of determining my financial stability, including current liens and bankruptcy findings in the last ten years.

I further authorize the Department of Human Services to release to Delta Family Services any information about Philadelphia Family Court Dependency Division proceedings and child protective services and general protective services investigations pertaining to me, for the purpose of determining my eligibility as a resource family parent.

I further authorize any other children and youth agency or foster family care agency to release to Delta Family Services any information pertaining to me, for the purpose of determining my eligibility as a resource parent.

I further authorize the Philadelphia, Family Court Domestic Relations Division to release to the Department of Human Services any information about Domestic Relations Division proceedings pertaining to me, including Protection from Abuse or other Family Court Proceedings, for the purpose of determining eligibility as a resource parent. I further authorize the Department of Human Services to release the above mentioned information to any family foster care agency designated to work with me. The authorization shall be valid for one year from the date of its execution.

Name: _____

List any Aliases: _____

Social Security Number: _____ DOB: _____

Address: _____

- ☐ I have not been convicted of any of the following crimes or the attempt, solicitation or conspiracy to commit any of the following crimes including those under Title 18 of the Pennsylvania Consolidated Statutes ("Crime Code") or equivalent crime in another jurisdiction.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of a child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902 (b)	(relating to prostitution and related offenses)
Section 5903 (c)(d)	(relating to obscene and other sexual materials and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children); or an equivalent crime under federal law or the law of another state

- ☐ I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.
- ☐ I have not been convicted of or am under pending indictment for any crime
- OR**
- ☐ I have been convicted of or am under pending indictment for a crime (include dates, location/jurisdiction, circumstances and outcome of any crime).

- ☐ I have not been the perpetrator of any report of child abuse that has been indicated or founded.
- ☐ I have not been the perpetrator of any report of student abuse that has been indicated or founded.
- ☐ I agree to report any changes of information in criminal history record information or child abuse history about myself or anyone 14 years of age or older who resides in my home, within 48 hours in accordance with The Child Protective Services Law.
- ☐ I agree to report any change in household composition within 30 days in accordance with The Child Protective Services Law.
- ☐ I understand that if I knowingly fail to provide the required information, I will be disapproved as a resource parent and children placed in my home will be immediately removed without a hearing.

I have provided accurate information relating to the following:

- ☐ Previous addresses within the last ten years;
- ☐ Composition of the residential family unit;
- ☐ Protection from Abuse Orders filed by or against either myself or co-applicant;
- ☐ Details of any proceedings in family court;
- ☐ Drug or alcohol related arrests, whether criminal charges or judicial proceedings are pending and convictions or hospitalizations within the last ten years;
- ☐ Evidence of financial stability including income verification, employment history, current liens and bankruptcies within the last ten years;
- ☐ Number and age of foster children and other dependents currently placed in the home;
- ☐ Detailed information about children with special needs currently living in the home;
- ☐ Previous history as a foster/adoptive parent including number and types of children served;
- ☐ Related education, training or personal experience working with foster children of the child welfare system.

I hereby swear/affirm that the information I provided as is listed above is true and correct to the best of my knowledge and belief. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the "Crimes Code".

Failure to provide accurate information could also impact the approval of my application to be a resource parent or re-approval of my home.



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Resource Parent Name (Please Print): _____

Signature: _____ Date: _____

Witnessed by:

Delta Case Worker's Name (Please Print): _____

Signature: _____ Date: _____

DHS hereby certifies that the witness named above is an employee of DHS or of Delta Family Services that has a contract with DHS to provide services.

DHS Liaison Unit Social Worker:

Name (Please Print): _____

Title: _____ Date: _____

Signature: _____



Evidence of Financial Stability

Family Financial Statement

Family Name: _____

Monthly Expenses

Electric	
Phone, Internet & Cable	
Food	
Water	
Gas	
Mortgage/Rent	
Car Insurance	
Other Expenses	
Other Expenses	
Monthly Total	

Income and Allowances

Your total Income:	
Monthly Total Minus Expenses	

Please fill out the Monthly Expenses and the Total Income part of the Family Financial Statement.