



# Child & Family Focus, Inc.

## FOSTER CARE PROVIDER APPLICATION

*Applicants are considered without regard to race, color, religion, sex, national origin, age, education, marital or veteran status, or the presence of a non-job-related medical condition or disability.*

Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Applicant

#### General Information

Name: \_\_\_\_\_  
(last) (first) (middle initial)

Address: \_\_\_\_\_  
(street) (city, state) (zip code)

Number of Years Residing at this Address: \_\_\_\_\_ *If less than 2 years, please list previous address:*

Previous Address: \_\_\_\_\_  
(street) (city, state) (zip code)

Number of Years Residing in Pennsylvania \_\_\_\_\_

Phone: \_\_\_\_\_  
(home)  
\_\_\_\_\_  
(work)  
\_\_\_\_\_  
(cell)

Preferred method of contact *(please check one):*

- Home phone       Cell Phone  
 Work phone       Email

Email Address: \_\_\_\_\_  
(internal use only)

#### Personal Information

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

U.S. Citizen?  Yes  No Religious Affiliation \_\_\_\_\_  
(optional)

Marital Status:  Married (Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_)  Single  
 Divorced  Other \_\_\_\_\_

### Secondary Provider Applicant *(if applicable)*

If you are married or reside with another adult who will be co-fostering with you, please have him/her complete a **SECONDARY PROVIDER APPLICATION FORM**.

Name of Secondary Applicant: \_\_\_\_\_

## Household Members

Please list all children, adolescents, & adults residing with you; use add'l pages if needed.

Full Name	Age/Date of Birth	Relationship
_____	_____	_____
_____	_____	_____

## Relatives & Friends

Please list any family members not residing with you, as well as friends, who will come into regular contact with child/ren in your home; use add'l pages if needed..

Full Name	Age/Date of Birth	Relationship
_____	_____	_____
_____	_____	_____

## Description of Home & Neighborhood

Your home will be more extensively reviewed during the time of the home study.

### Indoor Living

# of bathrooms: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ # of floors: \_\_\_\_\_ (include basement and attic, but not crawl space)

Total # of rooms: \_\_\_\_\_

Planned occupancy (What are the future plans in regards to individuals living in the house? Will anyone be moving in/out?):  
\_\_\_\_\_

Should a child be placed with you, he/she would:  Have his/her own bedroom  Share a bedroom with \_\_\_\_\_  
(PA state places certain regulations on foster children sharing a bedroom with children of the opposite sex; this will be further reviewed at the time of the home study)

How would you describe your living environment, in regards to cleanliness & organization?

Spotless  Tidy  Average  Cluttered  Messy

How would you describe your neighborhood and its cultural diversity? \_\_\_\_\_  
\_\_\_\_\_

### Pets

Please list all inside or outside pets that you own; use additional pages if necessary.

Type of Animal	Temperament	Inside or Outside Pet?
_____	_____	_____
_____	_____	_____

### Utilities

Water supply:  Public  Private If private, when was the last time the water was tested? \_\_\_\_/\_\_\_\_/\_\_\_\_  
(PA state requires all foster homes to have an annual water potability test conducted).

### Transportation

How many vehicles does your household own/lease? \_\_\_\_\_

Is each one currently insured?  Y  N

Are you willing to transport a client to necessary appointments on a regular basis?  Yes  No

## Health

How would you describe your general physical health?  Excellent  Good  Fair  Poor

If poor, please describe \_\_\_\_\_

Do you have a chronic health problem?  Yes  No If yes, please describe: \_\_\_\_\_

Do you take any prescribed medication?  Yes  No If yes, please complete the following:

**Medication**

**Prescribing Doctor**

**Stored in Secure Place?**

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

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

Yes  No  
 Yes  No

Date of your last physical exam from your primary care provider: \_\_\_\_/\_\_\_\_/\_\_\_\_

To the best of your knowledge, are you free from communicable diseases such as TB, Hepatitis, Measles, Rubella?

Yes  No If no, please explain \_\_\_\_\_

Have you been vaccinated for Hepatitis B?  Yes  No

Please list any medical treatment, psychiatric services, counseling, or health-related supports that you have received within the past two years; use additional pages if necessary.

**Treatment/Support**

**Date(s)**

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

## Educational Background

**Degree/Diploma**

**Major / Discipline**

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

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

## Additional Training/Volunteer Experiences

*CFF requires applicants to participate in an ongoing training program. If you have received any certificates or credits for any training topics listed below, please attach them to this application; they will be reviewed & could possibly contribute to training requirements.*

Please check any of the following techniques or topics on which you have received training or schooling:

- |                                                                        |                                                                             |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Adjustment Disorder                           | <input type="checkbox"/> First Aid                                          |
| <input type="checkbox"/> Anxiety Disorders (i.e. OCD, PTSD)            | <input type="checkbox"/> Mood Disorders (i.e. Bipolar Disorder, Depression) |
| <input type="checkbox"/> Childhood Disorders (i.e. ADHD, ODD)          | <input type="checkbox"/> Passive Restraint                                  |
| <input type="checkbox"/> CPR                                           | <input type="checkbox"/> Psychotic Disorders (i.e. Schizophrenia)           |
| <input type="checkbox"/> Cognitive Disorders (i.e. Delirium, Dementia) | <input type="checkbox"/> Personality Disorders                              |
| <input type="checkbox"/> Eating Disorders (i.e. Anorexia, Bulimia)     | <input type="checkbox"/> Substance-Related Disorders                        |

Do you have experience (volunteer or work) in the field of Mental Health, Mental Retardation, Medical Care, Child Care, Physical Disabilities, or other Human Service Occupations? If yes, please describe what about the experience was most rewarding to you.

## Employment and References

### Employment

*CFF requires that the applicant's household currently earn an income sufficient to meet the financial needs of the family before accepting financial reimbursement for being a foster or respite care provider.*

I am currently:  Employed full-time  Employed part-time  Unemployed

If unemployed, please fill in the following for your most recent employment

**Job Title** \_\_\_\_\_

**Length of Employment** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Monthly take-home Pay** \_\_\_\_\_

\_\_\_\_\_

**Address**

\_\_\_\_\_

**Job Description/Duties**

\_\_\_\_\_

**Schedule/  
Hours**

Does CFF have consent to contact this employer for a reference?  Y  N

**References**

Please list **two personal references, and one professional reference:**

Full Name

Address or Email Address

Phone Number

Does CFF have consent to contact the person/professional references listed above?  Y  N

Have you ever been approved by another agency to provide respite/foster care in your home for children?  Y  N

If yes, please list the agency/agencies worked with and dates of service below:

\*Agency

Date(s)

\* CFF requires a written letter of reference from each agency.

**Motivation**

Please explain why you would like to become a Foster/Respite Parent: \_\_\_\_\_

Please describe your life goals & values: \_\_\_\_\_

Please list a few of your strengths that could help in the caregiver role: \_\_\_\_\_

In a few sentences, describe your general disciplinary philosophy: \_\_\_\_\_

**Placement Preferences**

Please specify your preferences as to the type of child you prefer to be placed with:

Sex:  Male  Female  No preference

Age Range:  5 to 8  9 to 12  13 to 18  No preference

Race/Ethnicity:

American Indian or Alaskan Native

Hispanic or Latino

No preference

Asian

White or Caucasian

Black or African American

Other: \_\_\_\_\_

I would be willing to work with the following situations while providing foster/respice care:

(please check all that apply)

- |                                              |                                                   |                                                            |
|----------------------------------------------|---------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Truancy             | <input type="checkbox"/> Learning disabilities    | <input type="checkbox"/> Physical handicaps                |
| <input type="checkbox"/> Animal cruelty      | <input type="checkbox"/> Medical conditions       | <input type="checkbox"/> Poor social skills/peer relations |
| <input type="checkbox"/> Depression          | <input type="checkbox"/> Mental retardation       | <input type="checkbox"/> Property destruction              |
| <input type="checkbox"/> Drug/alcohol issues | <input type="checkbox"/> Negative school behavior | <input type="checkbox"/> Sexual abuse victims              |
| <input type="checkbox"/> Hyperactivity       | <input type="checkbox"/> Physical abuse victims   | <input type="checkbox"/> Social anxiety                    |

### Criminal History/Child Abuse Clearance

Were you or any other adult living in the home ever convicted of a criminal offense anywhere (i.e. city, country, or any other locale)?  Yes  No

Is any criminal charge against you now pending?  Yes  No

If yes to either of the above questions, please give details and provide us with a copy of the docket. Conviction of a criminal offense is not a bar to becoming a Foster/Respice Parent in all cases. Each case is considered on its own merits.

Have you, or any other adult living in the home, had a *Restraining Order* issued against you/him/her?  Yes  No

If yes, please give details: \_\_\_\_\_

Have you, or any other adult living in the home, had a *Protection from Abuse* order issued against you/him/her?

Yes  No If yes, please give details: \_\_\_\_\_

Have you or any members in your household ever received an expulsion of a conviction?  Yes  No

If yes, please give details: \_\_\_\_\_

Have you, or any other adult living in the home, had to legally appear in court for charges brought against you/him/her?

Yes  No If yes, please give details: \_\_\_\_\_

Have you, or any members in your family or household, had any involvement with a county Office of Children & Youth?

Yes  No If yes, what county? \_\_\_\_\_

Please describe: \_\_\_\_\_

*Note: A Criminal History Clearance (or FBI Clearance for non-Pennsylvania residents) and a Child Abuse Clearance must be completed for all adults (18+) living in your home, as part of the application process.*

*At the consent of the applicant, CFF may contact the local Office of Children & Youth, as well as the local police, for information on him/her. If these consent forms are not attached, a Respice Coordinator may contact you regarding this matter.*

### Agreement

I certify that all information furnished in this application is correct and complete, and I understand that any false statement or omission of material/fact may disqualify me from further consideration from becoming a Foster / Respice Parent.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*Confidentiality Notice: This application, together with any attachments, is for the sole use of Child & Family Focus, Inc. and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure, forwarding, or distribution is prohibited. If you are not the intended recipient and have received this application in error, please contact the sender immediately and destroy all copies of the application.*