

WOMEN'S CHRISTIAN ALLIANCE

1722-42 Cecil B. Moore Avenue ~ Philadelphia, PA 19121 ~ 215.236.9911 ~ Fax 215.236.9808

Wanda Mial, MGA ~ Chief Executive Officer

FOSTER CARE APPLICATION

APPLICATION(S) INFORMATION

Foster Parent #1 – full name (include maiden, if applicable)	Birth Date	Social Security Number
Foster Parent #1 – full name (include maiden, if applicable)	Birth Date	Social Security Number

HOUSEHOLD INFORMATION

Address (street, city, township, county, zip code)	Previous address(es) (use separate sheet, if necessary)

Do you own a Fire Arm?	Yes _____ No _____
Police Department	Is it Registered _____ License # _____

Number of bedrooms _____ Own home _____ Rent home _____ How long at present address _____

Telephone # _____ Cell # _____ Work # _____

[use separate sheet, if necessary] Name of ALL household members	Birth Date	Social Security #	Relationship	School Attending

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Name of Family Physician	Address	Telephone Number

Religious Preference			
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Nearest Public School		School District	
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What is your source of water supply?	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private Well
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If private well, give date last tested			
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Do you have general liability and fire insurance coverage (homeowner's or renters' insurance) for premises where foster care will be provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Provide directions to your home by care from Philadelphia:

MARITAL INFORMATION

FOSTER PARENT #1

Date of Marriage		Location	(County and State)
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MARITAL HISTORY OF FOSTER PARENT #1 (use separate sheet, if necessary)

Have you ever filed for or completed divorce proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Date of Divorce		Location	(County and State)
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Name of former spouse			
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FOSTER PARENT #2

Date of Marriage		Location	(County and State)
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MARITAL HISTORY OF FOSTER PARENT #2 (use separate sheet, if necessary)

Have you ever filed for or completed divorce proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Date of Divorce		Location	(County and State)
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Name of former spouse			
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EMPLOYMENT INFORMATION

Foster Parent #1

Employers (address and phone number)

Gross weekly income (provide copies of last two pay stubs)		Length of employment	
Previous Employer (if less than five years at current employment)			

Foster Parent #2

Employers (address and phone number)

Gross weekly income (provide copies of last two pay stubs)		Length of employment	
Previous Employer (if less than five years at current employment)			

LEGAL ISSUES

Has anyone living in your home ever been charged with a crime or arrested?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nature of offense				
Date		Location	(municipality, city, state)	

Has anyone living in your home ever been convicted of a crime?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nature of offense				

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Date		Location	(municipality, city, state)
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Have you ever filed for a Protection From Abuse Order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, what was your legal name at the time of filing?	

Location where Petition was filed	(county, state)	Date of Petition	
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Has a Protection From Abuse Order ever been filed against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, what was your legal name at the time of filing?	

Location where Petition was filed	(county, state)	Date of Petition	
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Have you, at any time, filed for Bankruptcy (Chapter 7, 11, 12 or 13)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, which Chapter(s)?	
If YES, what was your legal name at the time of filing?			

Location of filing?	(county, state)	Date of filing	
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Reason for filing for bankruptcy?	
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Have you made the payments according to the arrangements which were set?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has the bankruptcy been satisfied?	<input type="checkbox"/> Yes	If YES, when?	
	<input type="checkbox"/> No	If NO, when do you anticipate it being satisfied?	

Has this or any home that you purchased ever been involved in foreclosure/eviction proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SPECIFIC INFORMATION ON FOSTER CHILD PREFERENCE(S)

Age Range	<input type="checkbox"/> 0 – 2 Years	<input type="checkbox"/> 3 – 5 Years	<input type="checkbox"/> 6 – 12 Years	<input type="checkbox"/> Over 12 Years	<input type="checkbox"/> No Age Preference
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Preference			
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Race
Other Preferences			
Will you do temporary care? (less than 30 days)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you take a handicapped child?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever cared for foster children before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, what time period? (use separate sheet, if necessary)		If YES, what agency? (use separate sheet, if necessary)	

REFERENCES

Please provide the names and addresses of four people who are not relatives and who have known you for at least three years.

NAME	ADDRESS
1.	
2.	
3.	
4.	

PLEASE PRESENT ALL DOCUMENTATION WHICH VERIFIES THE INFORMATION ON THIS APPLICATION

The Agency reserves the right to request additional information pertinent to the application process.

I/We have completed this application and the facts contained herein are true and correct to the best of my/our knowledge, information and belief. I/We verify that false statements herein are subject to the penalties 18 PA C.S. §

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4904 relating to unsworn falsification to authorities. I/We further understand that any falsification of information stated above will disqualify me from becoming Foster Parents.

Foster Parent #1

Foster Parent #2

Date

Date