

The first steps in the approval process for foster or adoptive parenting through Friendship House are to contact the office that is closest to your home and complete an application. (Continue to next page for the application).

**Friendship House provides foster care and adoption services through the following offices:**

Pottstown: 610-327-2200

Serving Montgomery, Chester, Berks, Bucks, and Delaware Counties

Philadelphia: 215-438-6665 (Foster and Kinship Care Only)

Serving the City of Philadelphia

Scranton: 570-342-8305

Serving Lackawanna, Luzerne, Monroe, Pike, Wayne, Carbon, and Wyoming Counties

All sections of the application must be filled out, and the last page must be signed and dated. There is no fee to submit the application. You may mail the application to the office or bring it with you when you have an orientation meeting. When you call the office, someone will assist you with any questions you may have about the application and give you an overview about the approval process.

Thank you for your interest in providing foster or adoptive parenting through Friendship House.

RESOURCE FAMILY APPLICATION

FRIENDSHIP HOUSE

FIRST APPLICANT:

SECOND APPLICANT:

LAST FIRST MI DOB LAST FIRST MI DOB

GENDER RACE U.S. CITIZEN? GENDER RACE U.S. CITIZEN?

SOCIAL SECURITY # SOCIAL SECURITY #

DRIVER'S LICENSE: STATE AND NUMBER DRIVER'S LICENSE: STATE AND NUMBER

ADDRESS: STREET CITY TOWNSHIP COUNTY STATE ZIP CODE

TELEPHONE: HOME EMERGENCY

FIRST APPLICANT: CELLULAR PHONE # WORK PHONE #

SECOND APPLICANT: CELLULAR PHONE # WORK PHONE #

HOW LONG AT PRESENT ADDRESS? OWN OR RENT? # OF BEDROOMS

SCHOOL DISTRICT POLICE DEPARTMENT SOURCE OF WATER SUPPLY (Well or Municipal)

DO YOU HAVE GENERAL LIABILITY AND FIRE INSURANCE COVERAGE (homeowners or renters insurance)?

LIST PREVIOUS ADDRESSES FOR THE PAST TEN (10) YEARS? Including county and township  
Indicate dates of residency- Use additional pages if necessary

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## REFERENCES

\*\*Please note that only one (1) reference should be a relative

**NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**EMPLOYMENT:**

(Please complete for each applicant, if applicable)

BUSINESS NAME/: \_\_\_\_\_

Contact Person

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**EMPLOYMENT:**

(Please complete for each applicant, if applicable)

BUSINESS NAME/: \_\_\_\_\_

Contact Person

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FIRST APPLICANT

NAME:

**EMPLOYMENT**

EMPLOYER: (address and phone number)

JOB TITLE:

DESCRIBE TYPE OF WORK INCLUDING HOURS PER WEEK & SHIFT:

GROSS WEEKLY INCOME  
(Attach last 3 pay stubs)

LENGTH OF EMPLOYMENT

PREVIOUS EMPLOYER (If less than five years at current employer)

OTHER SOURCES OF INCOME:

**LEGAL:**

Have you ever been charged with a crime or arrested? \_\_\_\_\_

If yes, what was the nature of the offense(s)? \_\_\_\_\_

What was the date(s) of the offense? \_\_\_\_\_

Location of the offense(s)? (Municipality, city, state) \_\_\_\_\_

Has anyone in your home ever been convicted of a crime? \_\_\_\_\_

If yes, what was the nature of the offense? \_\_\_\_\_

What was the date of the offense? \_\_\_\_\_

Location of the offense? (Municipality, city, state) \_\_\_\_\_

Have you ever filed for a Protection From Abuse Order? \_\_\_\_\_

If yes, what was your legal name at the time of filing? \_\_\_\_\_

Location where Petition was filed? (County, state) \_\_\_\_\_

Date of Petition? \_\_\_\_\_

Has a Protection From Abuse Order ever been filed against you? \_\_\_\_\_

If yes, what was your legal name at the time of filing? \_\_\_\_\_

Location where petition was filed? (County, state) \_\_\_\_\_

Date of Petition? \_\_\_\_\_

Have you, at any time, filed for bankruptcy (Chapter 7, 11, 12, or 13)? \_\_\_\_\_

If yes, which Chapter? \_\_\_\_\_

If yes, what was your legal name at the time of filing? \_\_\_\_\_

Location of filing? (County, state) \_\_\_\_\_

**LEGAL- Continued**

Date of filing? \_\_\_\_\_

Reason for filing bankruptcy? \_\_\_\_\_

Have you made the payments according to the arrangements which were set? \_\_\_\_\_

Has the bankruptcy been satisfied? If YES when? \_\_\_\_\_

If NO, when do you anticipate it being satisfied? \_\_\_\_\_

Has this or any previous home that you purchased ever been involved in foreclosure/eviction proceedings? \_\_\_\_\_

Do you have any current Liens? \_\_\_\_\_

Have you ever been involved in family court proceedings? \_\_\_\_\_

If yes, when and why? \_\_\_\_\_

Have you been arrested for drug and/or alcohol offenses within the past five (5) years? \_\_\_\_\_

If yes, when and what was the outcome? \_\_\_\_\_

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**RELATIONSHIP INFORMATION**

Date of Marriage(s) \_\_\_\_\_ Location (county, state) \_\_\_\_\_

(Use separate sheet if necessary)

Have you ever filed for or completed divorce proceedings? \_\_\_\_\_

If yes, date of divorce and location? \_\_\_\_\_

Name of former spouse? \_\_\_\_\_

Other significant relationships? (Describe) \_\_\_\_\_

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**EDUCATION**

Elementary School you attended? \_\_\_\_\_

High School you attended? \_\_\_\_\_

College/Other? \_\_\_\_\_ Degree: \_\_\_\_\_

**HEALTH**

Describe your physical health: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Family Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Describe your mental health: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized for mental health issues? \_\_\_\_\_  
Describe: \_\_\_\_\_

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**CULTURE**

Describe your ethnic background: \_\_\_\_\_  
\_\_\_\_\_

Describe your culture: (describe customs, traditions, beliefs, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spiritual Denomination: \_\_\_\_\_

Place of Worship: \_\_\_\_\_

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

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**SELF**

Interests: \_\_\_\_\_  
\_\_\_\_\_

Hobbies: \_\_\_\_\_  
\_\_\_\_\_

Personality Traits: \_\_\_\_\_  
\_\_\_\_\_

**CHILD PREFERENCES** (Questions 1-4 not applicable for Kinship Applicants)

1. How did you learn of our Foster Care and/or Adoption Program? \_\_\_\_\_

2. What experience do you have with children? \_\_\_\_\_

3. Why do you want to foster children? Or, if applicable, why do you want to adopt a child or a particular child(ren) in a foster to adopt situation? \_\_\_\_\_

\_\_\_\_\_

4. What type of child(ren) are you interested in caring for?

Number: \_\_\_\_\_

Race: \_\_\_\_\_

Age Range: \_\_\_\_\_

Gender: \_\_\_\_\_

Comments (special needs willing and able to deal with)

\_\_\_\_\_

\_\_\_\_\_

5. Do you have any special training working with children (education, job related, etc.)? If so, please describe. \_\_\_\_\_

\_\_\_\_\_

6. Have you ever been a foster or adoptive parent? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what was the name and address of the agency(/ies) that you worked with?

\_\_\_\_\_

\_\_\_\_\_

6a. Please list the number, age, and type of children you served while fostering and/or adopting?

\_\_\_\_\_

\_\_\_\_\_

6b. Are there children currently residing in your home who have special needs? \_\_\_\_\_  
If so, please describe? \_\_\_\_\_

\_\_\_\_\_

7. Will you need an alternate care giver to provide care for a child (day care, etc.)? \_\_\_\_\_

8. Why do you believe you would make a good foster and/or adoptive parent/s? \_\_\_\_\_

\_\_\_\_\_



SECOND APPLICANT

NAME:

**EMPLOYMENT**

EMPLOYER: (address and phone number)

JOB TITLE:

DESCRIBE TYPE OF WORK INCLUDING HOURS PER WEEK & SHIFT:

GROSS WEEKLY INCOME  
(Attach last 3 pay stubs)

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\_\_\_\_\_

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Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Describe your mental health: \_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

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If so, please describe? \_\_\_\_\_

\_\_\_\_\_

7. Will you need an alternate care giver to provide care for a child (day care, etc.)? \_\_\_\_\_

8. Why do you believe you would make a good foster and/or adoptive parent/s? \_\_\_\_\_

\_\_\_\_\_

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. 4904 relating to unsworn falsification to authorities. I/We further understand that any falsification of information stated above will disqualify me/us from becoming resource parents with Friendship House. I/We understand that I/we must provide documentation to verify the information on this application.

Friendship House reserves the right to request additional information pertinent to the application process.

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FIRST APPLICANT

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DATE

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SECOND APPLICANT

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DATE

