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**

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<thead>
<tr>
<th>FIRST APPLICANT:</th>
<th>SECOND APPLICANT:</th>
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<td>U.S. CITIZEN?</td>
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<td>SOCIAL SECURITY #</td>
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<td>DRIVER'S LICENSE: STATE AND NUMBER</td>
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<td>ADDRESS: STREET</td>
<td>CITY</td>
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<td>TOWNSHIP</td>
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<td>STATE</td>
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<td>TELEPHONE: HOME</td>
<td>EMERGENCY</td>
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<td>FIRST APPLICANT:</td>
<td>CELLULAR PHONE #</td>
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<td>SECOND APPLICANT:</td>
<td>CELLULAR PHONE #</td>
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<td>WORK PHONE #</td>
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<tr>
<td>HOW LONG AT PRESENT ADDRESS?</td>
<td>OWN OR RENT?</td>
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<td></td>
<td># OF BEDROOMS</td>
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<tr>
<td>SCHOOL DISTRICT</td>
<td>POLICE DEPARTMENT</td>
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<td>DO YOU HAVE GENERAL LIABILITY AND FIRE INSURANCE COVERAGE (homeowners or renters insurance)?</td>
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<tr>
<td>LIST PREVIOUS ADDRESSES FOR THE PAST TEN (10) YEARS? Including county and township Indicate dates of residency- Use additional pages if necessary</td>
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**DESCRIBE YOUR NEIGHBORHOOD (LOCATION, DEMOGRAPHICS, POPULATION)**


**HOUSEHOLD MEMBERS:**

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE OF BIRTH</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>RELATIONSHIP</th>
<th>GENDER</th>
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**PROVIDE DIRECTIONS TO YOUR HOME FROM POTTSTOWN:**
**Please note that only one (1) reference should be a relative**

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**EMPLOYMENT:**
(Please complete for each applicant, if applicable)

<table>
<thead>
<tr>
<th>BUSINESS NAME:</th>
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<tbody>
<tr>
<td>Contact Person</td>
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<td>ADDRESS:</td>
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</tbody>
</table>
**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) ____________________________
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? _______________________

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) _______________________

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: __________________________________________________________________________________________

CULTURE
Describe your ethnic background: _______________________________________________________

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

Spiritual Denomination: ___________________________________________________________________________
Place of Worship: _________________________________________________________________________________
Address: ____________________________________________________________________________________________

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

LENGTH OF EMPLOYMENT

(Attach last 3 pay stubs)

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 of the offense(s)? _________________________________

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

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**LEGAL- Continued**

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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.

FIRST APPLICANT __________________________ DATE ____________

SECOND APPLICANT _________________________ DATE ____________