



**FIRST CHOICE HOME & COMMUNITY SERVICE, INC.**  
50 Jackson Avenue Suite 200, Collingdale PA 19023  
Tel: 610-461-1693; Fax: 610-461-2587

Date: \_\_\_\_\_

**FOSTER /ADOPT PARENT APPLICATION**

**IMPORTANT: Please do not return until ALL questions have been answered, and please make answers as complete as possible. If application is incomplete, it will be returned for you to complete it. Thanks!**

**1. Personal Information**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
List Other Name Ever Used (Maiden, Marital etc.) \_\_\_\_\_ Sex: Male Female  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ Driver License Number: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Email Address: \_\_\_\_\_ List all other cities in Pennsylvania where there has been residency: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Race/Ethnicity: (Circle One) White Black Hispanic Others: (Please Specify) \_\_\_\_\_

**2. Personal Information (Spouse)**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
List Other Name Ever Used (Maiden, Marital etc.) \_\_\_\_\_ Sex: Male Female  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ Driver License Number: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Email Address: \_\_\_\_\_ List all other cities in Pennsylvania where there has been residency: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Race/Ethnicity: (Circle One) White Black Hispanic Others: (Please Specify) \_\_\_\_\_

**3. References. (We must have full name, address a zip code in order to send out reference letters.)**

**Non-Relative Reference (Must have known you a minimum of 2 years) Single applicants complete all 3. Married applicants must provide 3 that have known you as a couple and one each that know you individually.**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ How long known \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ How long known \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ How long known \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Non-Relative Reference For Husband**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ How long known \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Non-Relative Reference For Wife**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ How long known \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**4. Martial History**

**(Circle all that apply)** Married Never married Divorced Separated Widowed Engaged Common Law  
*Please list: Total number of marriage for each applicant. Include date marriage started ad ended for current and any subsequent marriages and the reason for ending of marriage.*

Single Applicant: \_\_\_\_\_

Wife: \_\_\_\_\_

Husband: \_\_\_\_\_

**Current Marriage (if applicable)**

How long you known one anther prior to your marriage? \_\_\_\_\_

In what areas are you most compatible? \_\_\_\_\_

**5. Motivation and Children Experience**

Why do you want to become a foster parent? \_\_\_\_\_

If married, are both parties equally interested in fostering? \_\_\_\_\_ Explain: \_\_\_\_\_

What is your experience working with children? \_\_\_\_\_

List strength and weakness when working with children: \_\_\_\_\_

Have you ever been a foster parent for Homebound? \_\_\_\_\_ If yes, when and reasons for leaving: \_\_\_\_\_

Have you been a foster parent for any other agency? \_\_\_\_\_ if yes, list:

*( Add additional page if there is more than 1 agency)*

Agency Name: \_\_\_\_\_ Dates: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Can we contact them for evaluation? \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

**6. Family and Children**

**List children in your home:**

Name	D.O. B	Age	Sex	Relationship	Social Security #	Driver License #

Name	D.O. B	Age	Sex	Relationship

**List Children not living with you:**

**List any other adults (anyone over 18) living in your home:**

Name	Age	Sex	Relationship	Social Security #	Driver License #

Do any of your children have any special needs? \_\_\_\_\_ if yes, explain: \_\_\_\_\_

Do any of your children have any behavioral problems? \_\_\_\_\_ if yes, explain: \_\_\_\_\_

List the rules for your children: \_\_\_\_\_

If married, do you and your spouse agree on discipline for your children? \_\_\_\_\_ If yes explain: \_\_\_\_\_

How do your children feel about having a foster child in their house? \_\_\_\_\_

How do your relatives and/or in-laws feel about your becoming a foster parent? \_\_\_\_\_

**7. Education**

Your highest level of education (Circle all that applies): High School GED College Degree Major: \_\_\_\_\_

Spouse highest education level (Circle all that applies): High School GED College Degree Major: \_\_\_\_\_

**8. Employment History**

Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Current total monthly income: \_\_\_\_\_ Circle what applies to you: **Full Time Part Time Temporary Permanent**

Supervisors Name: \_\_\_\_\_ Supervisors Phone Number: \_\_\_\_\_

Will you continue these working hours if fostering? \_\_\_\_\_ If unemployed why? \_\_\_\_\_

Past Employer: \_\_\_\_\_ Date of Employment: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Past total monthly income: \_\_\_\_\_ Circle what applies to you: **Full Time Part Time Temporary Permanent**  
Supervisors Name: \_\_\_\_\_ Supervisors Phone Number: \_\_\_\_\_

### Spouse Employment History

Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Current total monthly income: \_\_\_\_\_ Circle what applies to you: **Full Time Part Time Temporary Permanent**  
Supervisors Name: \_\_\_\_\_ Supervisors Phone Number: \_\_\_\_\_  
Will you continue these working hours if fostering? \_\_\_\_\_ If unemployed why? \_\_\_\_\_

Past Employer: \_\_\_\_\_ Date of Employment: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Past total monthly income: \_\_\_\_\_ Circle what applies to you: **Full Time Part Time Temporary Permanent**  
Supervisors Name: \_\_\_\_\_ Supervisors Phone Number: \_\_\_\_\_

### 9. Physical and Mental Health (Use N/A if not applicable)

Do you or another family member have difficulty with a disability or an illness? If yes, explain: \_\_\_\_\_

Are there any health problems you or another family member has that pose a risk to placing foster children in your home? If yes, explain: \_\_\_\_\_

Have you experienced any of the following events in the last **12 months**? Put an **X** by all that apply: \_\_\_ Pregnancy  
\_\_\_ Birth of a Child \_\_\_ Adoption \_\_\_ Injury \_\_\_ Death of a loved once \_\_\_ Major Accident \_\_\_ Unemployment \_\_\_ Suicide  
of a loved once \_\_\_ Major Surgery \_\_\_ Significant illness \_\_\_ None of the above  
If yes on any of the above, please explain: \_\_\_\_\_

Have you experience any of the following event in the last **24 months**. Put and **X** by all that apply: \_\_\_ Marriage  
\_\_\_ Martial/ Common Law Separation \_\_\_ Divorce

Have you or anyone in your home ever been physically, sexually, or psychologically abused? If yes explain: \_\_\_\_\_

Have you or anyone in your home ever been investigated by agency or police for neglect, physical or sexual abuse? If yes, explain: \_\_\_\_\_

*Having a criminal record does not automatically exclude you as a foster parent; however, we will need details to help make a decision. If you have ever been arrested it will probably be reported.*

Do you or anyone in your family have a criminal record? If yes, who and what were the circumstances? \_\_\_\_\_

Have you ever written a bad check? If yes explain: \_\_\_\_\_

Has anyone in your home ever suffer from alcoholism, depression, anxiety, or any other mental health condition? If yes, explain: \_\_\_\_\_

Does anyone in your home take prescribed medication for a mental illness? If yes, explain: \_\_\_\_\_

### 10. Religion

Do you and your family practice any religion? If yes, please list the religion you are and the name of where you attend for worship: \_\_\_\_\_

Do you feel that spirituality helps one's effectiveness in fostering children? \_\_\_\_\_

Do you feel the spirituality can solve children's behavioral and emotional problems? If yes, explain: \_\_\_\_\_

### 11. Others

Do you own or rent where you live? \_\_\_\_\_ Type of unit (*circle one*) House / Apartment / Mobile Home

Do you have a car and a valid driver license? \_\_\_\_\_ If no, What is your reliable means of transportation? \_\_\_\_\_

Do you have auto insurance that covers injury? \_\_\_\_\_

Are you willing to transport foster children to court hearings, medical appointments, visitations, and therapy when needed? \_\_\_\_\_

Would you be willing to pay for day care and / or after school care if needed? \_\_\_\_\_

Do you have pets? If yes, please list: \_\_\_\_\_ Are they vaccinated? \_\_\_\_\_

Describe where a foster child would sleep: \_\_\_\_\_ Would he/she be sharing a room with someone? \_\_\_\_\_

### 12. Firearms

Do you have any firearms stored in your home? If yes, please list type/ name of firearms: \_\_\_\_\_

\_\_\_\_\_ If yes, where are your firearms and ammunition stored? \_\_\_\_\_

**HOME FLOOR PLAN**

**IMPORTANT: Please draw your home floor plan with dimension (in square feet) of each room: Please mark presents sleeping arrangements and where foster child will sleep. Note: We do not expect great artistic ability; just make it as neat as possible.**

**OUTSIDE AREA**

**IMPORTANT:** Please draw or provide a photo of the outside area of your home showing buildings, driveways, fences, storage areas, gardens, recreation areas, pools, ponds, or other bodies of water. *Note; we do not expect great artistic ability; just make it as neat as possible.*

**First Choice Home & Community Services – Placing Agency FOSTER CARE  
RELEASE FORM**

I acknowledge that to be eligible to become a foster parent I must complete the following steps. In addition, I understand that completing the steps does not guarantee my licensure.

1. Complete foster parent orientation training.
2. Complete necessary certification training: CPR/ First Aid, S.A.M.A and Medications
3. Panel Interview
4. Home Study
5. Criminal History/ CAPS Check/ FBI Background Check
6. Physical Exam/ TB test
7. Therapeutic foster parent internship
8. Release of information from previous foster agencies

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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**RELEASE OF INFORMATION  
FOR INDIVIDUALS HAVING PRIOR FOSTER CARE EXPERIENCE**

I, \_\_\_\_\_ release any and all information form: (Agency Name)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_.

To First Choice Home and Community Service- Placing Agency for evaluation purposes and assessment for foster parent licensing. I also agree that First Choice Home and Community Service did not actively recruit me to become a foster parent. This consent is subject to written revocation by the applicant at any time. Without revocation this consent will expire two years from the date signed:

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date



**For Self:**

**DISCLOSURE STATEMENT**

Requirement for criminal conviction check for Foster Parents for licensed childcare facility

Pennsylvania state law requires First Choice Home & Community Service- Placing Agency to conduct a criminal conviction check for any person seeking licensing in its agency. As an applicant for license, you are hereby informed of the requirement for this criminal check. Should you receive an offer of license, you will be required to cooperate fully with the criminal conviction check procedure. Any offer to license extended by First Choice Home & Community Service shall be conditional pending results of the check. If the criminal conviction check reveals a conviction for any of the offenses stipulated in the Human Resource Code Chapter 22, Section I as amended by 22.006, First Choice Home & Community Service will neither license nor continue conditional licensing for any person pursuant to provisions of the law.

I have read the statement above in its entirety and agree that, should I be offered employment by Homebound, I will cooperate with the procedure for conducting a criminal conviction check. I affirm that all of the information given by me, which may be used in complying with the criminal conviction check procedure, is true and correct.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

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**For Spouse:**

**DISCLOSURE STATEMENT**

Requirement for criminal conviction check for Foster Parents for licensed childcare facility

Pennsylvania state law requires First Choice Home & Community Service- Placing Agency to conduct a criminal conviction check for any person seeking licensing in its agency. As an applicant for license, you are hereby informed of the requirement for this criminal check. Should you receive an offer of license, you will be required to cooperate fully with the criminal conviction check procedure. Any offer to license extended by First Choice Home & Community Service shall be conditional pending results of the check. If the criminal conviction check reveals a conviction for any of the offenses stipulated in the Human Resource Code Chapter 22, Section I as amended by 22.006, First Choice Home & Community Service will neither license nor continue conditional licensing for any person pursuant to provisions of the law.

I have read the statement above in its entirety and agree that, should I be offered employment by Homebound, I will cooperate with the procedure for conducting a criminal conviction check. I affirm that all of the information given by me, which may be used in complying with the criminal conviction check procedure, is true and correct.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**AUTHORIZATION TO RELEASE INFORMATION**