

APPLICATION FOR FOSTER CARE LICENSE

If the household is headed by two adults who act as head of household, both adults must apply for the license.

APPLICANT #1

APPLICANT #2

Last name, First, MI		Last name, First, MI	
Aliases, Maiden Name, Previous Married Name(s)		Aliases, Maiden Name, Previous Married Name(s)	
Date of Birth:		Date of Birth:	
Social Security Number:		Social Security Number:	
<u>Race (check all that apply):</u> <input type="checkbox"/> American Indian Tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		<u>Race (check all that apply):</u> <input type="checkbox"/> American Indian Tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	
<u>Ethnic Background:</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other: _____		<u>Ethnic Background:</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other: _____	
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Alien Registration # _____ Place of Birth: _____ Primary Language: _____ Religious Affiliation: _____ Education (last grade completed): _____ Employment Status: <input type="checkbox"/> Employed at: _____ <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in labor force (unemployed/not looking for work, retired, disabled, etc.)		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Alien Registration # _____ Place of Birth: _____ Primary Language: _____ Religious Affiliation: _____ Education (last grade completed): _____ Employment Status: <input type="checkbox"/> Employed at: _____ <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in labor force (unemployed/not looking for work, retired, disabled, etc.)	
Marriage (if applicable): Date _____		Length of time sharing household with co-applicant: _____	
Work Phone	Home Phone	Work Phone	Alternate Phone
Alternate Phone	E-mail Address	Additional Phone	E-mail Address
Mailing Address	City/Village	State	Zip
Street Address	City/Village	State	Zip
Location, if different from street address/directions to home: _____			

How long have you resided at the current address? _____			

Application Date: _____

Please list your previous residence for the last ten (10) years. Attach Additional page(s) is necessary.

Applicant #1					Applicant #2				
From (mo/yr)	To (mo/yr)	City	State	County	From (mo/yr)	To (mo/yr)	City	State	County

Household Members: (Include yourself and your own children, including those living in the household part-tie, but not foster children.) Attach additional page(s) if necessary.

Name	Relationship	Birth Date	Age	Social Security Number
1.				
2.				
3.				
4.				
5.				
6.				

Willing to care for: Number of children: _____ Age: ____ to ____ Any age
 Male Female Either Specific child(ren) only _____

School District

Elementary School Middle School High School

Have you ever applied to be a Foster Parent for Bradford County Children & Youth Services? Yes No
 If yes, when did you apply? _____
 Were you approved as a foster parent? Yes No
 When were you a foster parent for this agency? _____
 Why did you choose not to be a foster parent? _____

Have you ever applied to another state, county or private agency for any care listed below: Yes No
 Relative Foster Care Adoption Guardianship

If Yes, provide the following information:

Agency Name:	Address:	State:	Date:	Approved:
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Application Date: _____

Do you now or have you ever provided care to non-related adults or children? Yes No
 If yes, when? _____ If yes, where? _____ What type of care? _____

REFERENCES (Neighbors, employer, physician, friend). Please provide five (5) references (only 1 can be a relative) with COMPLETE addresses and telephone numbers. If two applicants, references must address both applicants of separate references for each applicant. Please complete all sections.

Name:	Complete Mailing Address:	Phone:	E-mail Address
1.			
2.			
3.			
4.			
5.			

APPLICANT CERTIFICATION AND SIGNATURE:

- I (we) have read and completed this application.
- I (we) have received a copy of the Pennsylvania’s Manual for Foster Parents
- I (we) certify that I (we) have sent for FBI Clearances for all house hold member over the age of 18 and Criminal Clearances and Childline Clearances for all house hold member over the age of 14 and will provide the originals to the Agency upon receipt.
- I (we) will cooperate with the licensing worker to complete the licensing requirements to become fully licensed.
- I (we) agree and understand that I (we) will be registered on the Pennsylvania Adoption Exchange website at www.adoptpakids.org
- I certify that the information provided on this application is true and accurate. I/We wish to participate in a foster home study. I/We authorize Bradford County Children and Youth Services to contact our references and receive information about us and/or our family from the following agencies: Bradford County Probation, Mental Health/Mental Retardation, Bradford County Court, our home school district, police and FBI and other agencies upon request of the licensing worker.

_____ Applicant #1 Signature: Date: _____	_____ Applicant #2 Signature: Date: _____
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* If two applicants both must sign

BCCYS Use Only

Date Application Received: _____

Date Contact made with Applicant: _____

 Worker’s Signature

B. FAMILY BACKGROUND

1. Describe the family who raised you and what important values you learned from them.

2. Describe the methods of discipline used by the people who raised you through childhood, adolescence, and as you transitioned to adult responsibilities.

3. Are you raising your children the same way you were raised? Yes No
If different, how?

C. PERSONAL HISTORY

1. Please describe your individual and family talents, leisure activities and hobbies.

2. Please list and describe any community, cultural, religious affiliations, practices, or activities your family engages in.

3. Do you currently have any health or mental health conditions that might interfere with your ability to care for children? If yes, please explain. Yes No

4. Describe how much and how often you use alcohol and/or drugs (prescribed or not).

D. PRESENT MARITAL STATS/RELATIONSHIP

1. Are you currently married or in a relationship?

2. What qualities do you see as most important in your partner?

3. How do you manage or settle disagreements with your partner and/or others?

4. Have you had prior marriages or long-term relationships? Yes No
If there were children in your previous marriage(s) or relationship(s), describe your current relationship with the children. In what ways have you maintained contact/support with them?

5. If you are single, please describe how you will manage your dating relationship when children are placed in your care.

6. Have you ever filed for a Protection from Abuse (PFA) or had one filed against you? If yes, please explain in detail and provide court docket number.

E. CURRENT FAMILY

1. Please tell us about the children in your household. (i.e. names, ages, personalities, favorite activities, etc.).

2. Have you talked to the children in your household about receiving foster children in your home?
 Yes No

3. What do they say/feel about other children sharing your attention and living in their home?

4. Describe the attitudes of any significant extended family members have toward you becoming a foster parent.

7. Describe how you teach children responsibility. Will you use the same method with children in care?

8. Please describe how you will involve a foster child in social activities with your extended family and friends.

9. Describe a situation where you may need respite when a child is placed in our home and what your plan is.

10. Describe your perceived ability to accept a foster child's parents and work with them toward the return of your foster child to their natural parents' home.

11. Describe your perceived ability to work with the Agency in planning and managing your foster child's care.

12. Please describe any areas where you feel you would especially need guidance and support.

13. Please list any other information that you believe would be helpful to the Agency in making a determination about your ability to provide a high quality foster parenting.

I certify that the information provided on this application is true and accurate. I/We wish to participate in a foster home study. I/We authorize Bradford County Children and Youth Services to contact our references and receive information about us and/or our family from the following agencies: Bradford County Probation, Mental Health/Mental Retardation, Bradford County Court, our home school district, police and FBI.

Signature

Date

Name Applicant #2: _____

**BACKGROUND INFORMATION FOSTER PARENT
CONFIDENTIAL**

Each applicant completed this form individually for the initial application. If assistance is needed please contact licensing worker.

Why do you want to be a foster Parent?

A. EMPLOYMENT

4. Please list your work experience, education or training, including your current job, and/or subsistence activities.

5. How has the above listed experience prepared you for being a foster parent and/or children with special needs?

6. Foster parents are required to have a specific amount of training hours annually. Are you willing to complete the training as required? Yes No

**** Complete Resource Family Financial Assessment Form**

B. FAMILY BACKGROUND

- 6. Describe the family who raised you and what important values you learned from them.

- 7. Describe the methods of discipline used by the people who raised you through childhood, adolescence, and as you transitioned to adult responsibilities.

- 8. Are you raising your children the same way you were raised? Yes No
If different, how?

C. PERSONAL HISTORY

- 5. Please describe your individual and family talents, leisure activities and hobbies.

- 6. Please list and describe any community, cultural, religious affiliations, practices, or activities your family engages in.

7. Do you currently have any health or mental health conditions that might interfere with your ability to care for children? If yes, please explain. Yes No

8. Describe how much and how often you use alcohol and/or drugs (prescribed or not).

D. PRESENT MARITAL STATS/RELATIONSHIP

4. Are you currently married or in a relationship?

5. What qualities do you see as most important in your partner?

6. How do you manage or settle disagreements with your partner and/or others?

9. Have you had prior marriages or long-term relationships? Yes No
If there were children in your previous marriage(s) or relationship(s), describe your current relationship with the children. In what ways have you maintained contact/support with them?

10. If you are single, please describe how you will manage your dating relationship when children are placed in your care.

6. Have you ever filed for a Protection from Abuse (PFA) or had one filed against you? If yes, please explain in detail and provide court docket number.

E. CURRENT FAMILY

3. Please tell us about the children in your household. (i.e. names, ages, personalities, favorite activities, etc.).

4. Have you talked to the children in your household about receiving foster children in your home?
 Yes No

3. What do they say/feel about other children sharing your attention and living in their home?

4. Describe the attitudes of any significant extended family members have toward you becoming a foster parent.

F. PARENTING

14. How do you address temper tantrums at differing stages of development (infant/toddler, 0-3, child, 4-9, youth 10-12, and teen, 13-18)?

15. How is good behavior rewarded at your home for the differing developmental stages?

16. What are your primary methods of discipline for children at differing developmental stages?

17. The foster care regulations do not allow using corporal (physical) punishment, such as spanking, hitting, flicking, biting or slapping foster children. Will this be a problem for you?
If yes, how? Yes No

18. If you utilize corporal punishment on your own children how will you handle this if a foster child is placed in your home that has been physically abused or witnessed domestic violence?

19. Describe the techniques you use to help children change inappropriate behaviors to acceptable behaviors? Will you use the same techniques for children in care?

20. Describe how you teach children responsibility. Will you use the same method with children in care?
21. Please describe how you will involve a foster child in social activities with your extended family and friends.
22. Describe a situation where you may need respite when a child is placed in our home and what your plan is.
23. Describe your perceived ability to accept a foster child's parents and work with them toward the return of your foster child to their natural parents' home.
24. Describe your perceived ability to work with the Agency in planning and managing your foster child's care.
25. Please describe any areas where you feel you would especially need guidance and support.

26. Please list any other information that you believe would be helpful to the Agency in making a determination about your ability to provide a high quality foster parenting.

I certify that the information provided on this application is true and accurate. I/We wish to participate in a foster home study. I/We authorize Bradford County Children and Youth Services to contact our references and receive information about us and/or our family from the following agencies: Bradford County Probation, Mental Health/Mental Retardation, Bradford County Court, our home school district, police and FBI.

Signature

Date

8. If you plan to accept a child/ren with significant medical needs, how will you ensure licensed medical personnel are available to perform the prescribed services.

9. What precautions will you take to ensure children in your care are adequately safe with pets/animals?

INFANTS/TODDLERS

1. If you are licensed or approved to care for infants and toddlers, who is the primary caregiver?

2. Describe the primary caregiver's contacts with infants/toddlers.

3. If currently caring for an infant/toddler, describe your activities and interactions with the infant/toddler in your care (i.e. discovery plan, quiet activities, motor development).

YOUNG CHILDREN

1. If you are licensed or approved to care for young children (through 8 years old), what opportunities will you provide to ensure individual self expression and imaginative play, vigorous daily physical activity, intellectual and social development, and opportunities to foster independence?

2. What materials, toys and equipment do you have for young children?

SECOND HAND SMOKE REDUCTION

1. If anyone living in your home or visitors are allowed to smoke in your car or home, please complete this form. The U.S. Environmental Protection Agency has issued a national warning that exposure to tobacco smoke in the environment (secondhand smoke) presents a serious public health risk. Please tell us your plan to reduce the effects of secondhand smoke on children in your care.
2. Specifically, where are people allowed to smoke in your home?
3. Child foster home regulations and safety practice do **not** permit smoking inside of the home. What will you do to ensure everyone in your home including visitors follow these guidelines?
4. If anyone in your home smokes, what will you do to change this in order to protect the children from the effects of second hand smoke? (i.e., smoking outside, in a garage entry way)
5. Child foster care regulations and safety practice do not permit smoking in any vehicle used to transport children. What will you do to be sure the vehicle is smoke-free?
6. Describe the use of alcohol in your home. Has the use of alcohol ever created a problem for any member of your family? Include any criminal charges or traffic violations while under the influence of alcohol.

7. Do you or have you ever used drugs? If yes, please describe. Have you ever been involved in any drug related arrests or hospitalizations?

NOTE: Foster children are **not** allowed to smoke. A foster parent's supervision must adequately ensure that foster child(ren) in their care do not smoke.

Applicant Signature

Date

Applicant Signature

Date

FAMILY CHARACTERISTICS

Please check the areas that most closely describe your family and the services you are able to provide:

	Does not drive – cannot transport		Parent(s) work – child care needed
	Does not transport		Pet(s) in home
	Faith Based Activities		Respite
	Home schools own children		Single Parent home
	Hunting/fishing/outdoor life style		Smoker in home
	In-home child care provider		Will go to therapy with child
	Medication-Administered and Monitored		Will participate with child’s family/visitation
	Multicultural family		Will provide frequent transportation
	On public school bus route		Works well with biological parents/family
	Parent in home all day		Other:

FAMILY ACCEPTS

What type of children are you willing to accept.

	Yes	No	Maybe		Yes	No	Maybe
ADD/ADHD requiring medication				Conduct Disorder			
Adolescents				Cruelty to Animals			
Adoption				Deaf or Hearing Impaired			
AIDS infection of HIV positive				Delinquency – Felonies/Physical Violence			
Alcohol or Substance Abuser				Delinquency- Misdemeanors/Status Offenses			
Autistic				Developmental Delay/Disability			
Behavioral Difficulties at School				Diabetic			
Birth Family Contact Post Adoption				Downs Syndrome			
Blind or Visually Impaired				Eating Disorder			
Children Waiting Residential Treatment				Emergency Shelter Care			
Cocaine Affected				Encopresis			
Cognitively Delayed				Enuresis			
Communicative Disorder- Mute/Speech Delay				Extensive Medical Attention and Care			
Compulsive Behaviors				Failure to Thrive			

FAMILY ACCEPTS

Feeding Problems				Retardation – severe			
Female Only				Risk to Self or Others			
Fetal Alcohol Syndrome/Drug Affected				Runaway Behaviors			
Fire Setter				Self Abusive			
Gang Involvement				Serious Medical Problems			
Gay/Lesbian/Bisexual/Transgender Youth				Sexual Perpetrator			
Health Impaired – Short Term Problem				Sexually Abused			
Learning Impaired				Sexually Acting Out			
ICWA Preference Placement				Sexually Reactive			
Incarceration History				Sibling Group			
Independent Living				Significant Asthma or Allergies			
Learning Disability				Significant Behavioral Problems			
Males Only				Sleep Disorder			
Medically Fragile				Social Conflict			
Mentally Ill				Specific Child(ren) Only			
Moderate Behavioral Problems				Stealing in the Home			
Moderate Physical Disability				Substance Abuse History			
Needs help with Self-care (not age appropriate)				Suicidal ideation			
Oppositional Defiant				Suicidal Threat/Attempt			
Physically Aggressive				Supervised Visitation with parents/family			
Physically Handicapped				Teen Parent			
Pre or post maternal care				Teen Parent with child			
Pre-adoption Placements				Truancy			
Pre-guardianship Placements				Violent Behaviors toward Others			
Pregnant and parenting teens				Violent Behaviors toward Self			
Property Destruction				Wheelchair Accessible			
Psychiatric Hospitalization History				Withdrawn			
Related Children Only				Other:			
Respite				Other:			
Retardation – mild				Other:			

Number of children you are willing to consider: _____

Applicant Signature

Date

Applicant Signature

Date

ATTACH:

1. Copy of driver's license for both applicants.
2. Life Story for both applicants
3. Copies of Declaration page for car insurance and homeowner's/renter's insurance.
4. Car registration for all vehicles.
5. Picture of inspection stickers for all vehicles (labeled).
6. Copy of water test, if applicable (Must be within one (1) month of application).
7. Applicant's physical forms signed by your doctor.
8. Copies of all pet vaccinations, and dog licenses if applicable.
9. Signed polices and procedures (included in the application packet).
10. Resource Family Financial Statement, including proof of income for the past 3 years.
11. Signed Employment Verification Letter
12. Criminal Clearances for all member's of the household over 14 years old.
13. Childline Clearances for all member's of the household over 14 years old.
14. FBI Clearances for all member's of the household over 18 years old.
15. Foster Home Licensing Confidentiality Agreement
16. Medical Examination Report for both Applicants (Can submit after other documentation)

Please submit as much information as you can as soon as possible in order to ensure the application process is completed in a timely manner. You do not need to wait for your certification in First Aid/CPR and/or clearances before turning in your application. Upon receipt of the Application the agency will send out reference letter to the names you have provided on your application.

Please return completed application along with any other requested information to:

Bradford County Children & Youth Services
220 Main Street, Unit #1
Towanda, PA 18848

If you have any questions on the above information, please contact Shannon Cahill, Foster Care and Adoption Liaison at (570) 265-1770 ext 2923 or Amy Benner, MSW, Foster Parent/Placement Supervisor at (570) 265-1760 ext 2938.