

GREATER VALLEY COMMUNITY SERVICES, INC.
FOSTER CARE PROGRAM
300 Holland Ave
Braddock, PA
(412) 351-7055
(412) 351-7061 (fax)

FOSTER HOME APPLICATION

Date: _____

Name: _____

Address: _____

School District: _____

Home Phone Number: _____

How long have you lived at your present address? _____

Do you: Own home? _____ Rent home? _____

Number of rooms: _____ Number of sleeping rooms: _____

Children: List all the children you have had naturally or adopted.

	<u>Name</u>	<u>Date of Birth</u>	<u>School Grade/Occupation</u>	<u>Living in the home?</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Others in Household (other than children listed above):

	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Have you or any member(s) of your family every received counseling/therapy? (Please include drug and alcohol treatment/rehabilitation): Yes _____ No _____

If yes, Name: _____ Relationship: _____

Dates: _____ Location: _____

Reason: _____

Have you or any family member(s) ever been convicted of a misdemeanor and/or felony? Yes _____ No _____

If yes, Name: _____ Relationship: _____ --

Date of Offense: _____ Location: _____

Status (conviction, probation, etc.): _____

Information Regarding Foster Parenting:

How did you hear about our agency?

Radio _____ Television _____ Flyer _____ Newspaper (Name) _____

Foster Parent (Name) _____ Other (please specify) _____

Have you ever been a foster parent? Yes _____ No _____

If yes, for what agency? _____

What is your current status with that agency? _____

Have you ever applied to any other agency to become a foster parent? Yes _____ No _____

If yes, to what agency? _____

What is/was the status of your application/home study? _____

What age child(ren) would you like to foster? _____ Male or Female? _____

Are you able/willing to foster more than one child at a time? Yes _____ No _____

If yes, how many (include age and sex)? _____

Are you interested in adoption? Yes _____ No _____

FOSTER PARENT APPLICANT #1

First Name: _____ Date of Birth: _____
Race: _____ Religion: _____ SS#: _____

Previous addresses for the past five (5) years:

1. _____
2. _____
3. _____
4. _____

Have you been married previously? Yes _____ No _____ If yes, how many times? _____

Previous marriages:

- | | <u>Spouse's Name</u> | <u>Marriage Date</u> | <u>How Terminated</u> | <u>Date of Termination</u> |
|----|----------------------|----------------------|-----------------------|----------------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |

Education:

(If you did not graduate, please list highest grade completed):

High School: _____	Year Graduated: _____
College: _____	Year Graduated: _____
Other: _____	Year Graduated: _____

Employment:

Occupation: _____ Annual Salary: _____

Name and address of employer:

Length of employment with current company: _____

Other sources of income: _____ Amount: _____

If SSI, for what reason?: _____

Are you currently under a doctor's care? Yes _____ No _____

If yes, for what reason?: _____

Do you currently take medication? Yes _____ No _____

If yes:

- | | <u>Name of Medication</u> | <u>Dosage</u> | <u>Reason</u> |
|----|---------------------------|---------------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Name of your physician: _____ Telephone Number: _____

Address: _____

Foster Parent Applicant #1 continued:

Why would you like to become a foster parent?

What do you think it would be like to parent a child who has special needs?

What do you think is the biggest difference between being a foster parent and a natural parent?

What do you think will be the most rewarding part of being a foster parent?

What do you think will be the most difficult part of being a foster parent?

FOSTER PARENT APPLICANT #2

First Name: _____ Date of Birth: _____
Race: _____ Religion: _____ SS#: _____

Previous addresses for the past five (5) years:

1. _____
2. _____
3. _____
4. _____

Have you been married previously? Yes _____ No _____ If yes, how many times? _____

Previous marriages:

- | | <u>Spouse's Name</u> | <u>Marriage Date</u> | <u>How Terminated</u> | <u>Date of Termination</u> |
|----|----------------------|----------------------|-----------------------|----------------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |

Education:

(If you did not graduate, please list highest grade completed):

High School: _____	Year Graduated: _____
College: _____	Year Graduated: _____
Other: _____	Year Graduated: _____

Employment:

Occupation: _____ Annual Salary: _____

Name and address of employer:

Length of employment with current company: _____

Other sources of income: _____ Amount: _____

If SSI, for what reason?: _____

Are you currently under a doctor's care? Yes _____ No _____

If yes, for what reason?: _____

Do you currently take medication? Yes _____ No _____

If yes:

- | | <u>Name of Medication</u> | <u>Dosage</u> | <u>Reason</u> |
|----|---------------------------|---------------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Name of your physician: _____ Telephone Number: _____

Address: _____

Foster Parent Applicant #2 continued:

Why would you like to become a foster parent?

What do you think it would be like to parent a child who has special needs?

What do you think is the biggest difference between being a foster parent and a natural parent?

What do you think will be the most rewarding part of being a foster parent?

What do you think will be the most difficult part of being a foster parent?

REFERENCES

PLEASE LIST THE NAMES AND COMPLETE ADDRESSES FOR FIVE (5) INDIVIDUALS WHO HAVE KNOWN YOU FOR LONGER THAN FIVE (5) YEARS AND CAN GIVE INPUT REGARDING YOU AS A PERSON AND/OR YOUR SUITABILITY AS FOSTER PARENTS:

1. Employer (please specify for whom): Applicant #1 _____ Applicant #2 _____
Name/Title: _____ Phone: _____
Address: _____
2. Relative: _____ Phone: _____
Address: _____
3. Neighbor: _____ Phone: _____
Address: _____
4. Friend: _____ Phone: _____
Address: _____
5. Friend: _____ Phone: _____
Address: _____

*****PLEASE INCLUDE ZIP CODES FOR ALL REFERENCES LISTED *****

FALSIFYING INFORMATION ON THIS APPLICATION CAN BE GROUNDS FOR TERMINATION AS A FOSTER PARENT APPLICANT OR CERTIFIED FOSTER PARENT. MY/OUR SIGNATURE(S) BELOW ATTEST(S) THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE.

APPLICANT #1's SIGNATURE:

APPLICANT #2's SIGNATURE:

DATE: _____

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____

DATE OF INITIAL INTERVIEW: _____

DATE GIVEN TO STUDY WORKER: _____

NAME OF STUDY WORKER ASSIGNED: _____