

**CENTRE COUNTY CHILDREN & YOUTH SERVICES**  
**420 Holmes Street**  
**Bellefonte, PA 16823**  
**814.355.6755 Phone**  
**814.355.6939 Fax**

**RESOURCE FAMILY APPLICATION**

Applicant 1

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Maiden/Other Name(s): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Class: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed  Separated  Alternative Lifestyle

Race/Ethnicity  
 Check All That Apply:  Am. Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  White

Hispanic:  Yes  No

Applicant 2

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Maiden/Other Name(s): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Class: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed  Separated  Alternative Lifestyle

Race/Ethnicity  
 Check All That Apply:  Am. Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  White

Hispanic:  Yes  No

**CHILDREN**

Name of Child	DOB	Social Security #	School/Grade or Occupation	Address (if not at home)

**OTHER HOUSEHOLD MEMBERS**

Name	DOB	Social Security #	Relationship	School/Grade or Occupation

**RESIDENCE INFORMATION**

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 \_\_\_\_\_ Township: \_\_\_\_\_

County: \_\_\_\_\_ Length of Time at this address: \_\_\_\_\_ Water Supply:  Municipal  Private well  
 Own  
 Rent: \_\_\_\_\_ Landlord's Name \_\_\_\_\_ Residence Insurance:  Homeowner's  Renter's  
 \_\_\_\_\_ Landlord's Phone # \_\_\_\_\_

**SCHOOL INFORMATION**

Local Elementary School: \_\_\_\_\_ Distance to School: \_\_\_\_\_  
 Local Junior High/Middle School: \_\_\_\_\_ Distance to School: \_\_\_\_\_  
 Local High School: \_\_\_\_\_ Distance to School: \_\_\_\_\_

**MARITAL / RELATIONSHIP INFORMATION**

Date of Marriage: \_\_\_\_\_ Location: \_\_\_\_\_ Date of Co-Habitation: \_\_\_\_\_  
 (if applicable) \_\_\_\_\_ (county & state) \_\_\_\_\_ (if applicable) \_\_\_\_\_

**Applicant 1:**

Have you ever filed for or completed divorce proceedings?  Yes  No Name of Former Spouse: \_\_\_\_\_  
 Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_ Location of Divorce \_\_\_\_\_  
 (county & state)

**Applicant 2:**

Have you ever filed for or completed divorce proceedings?  Yes  No Name of Former Spouse: \_\_\_\_\_  
 Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_ Location of Divorce \_\_\_\_\_  
 (county & state)

## VEHICLE INFORMATION

### Vehicle 1

Make & Model: \_\_\_\_\_

Vehicle Passenger Capacity: \_\_\_\_\_

### Vehicle 2

Make & Model: \_\_\_\_\_

Vehicle Passenger Capacity: \_\_\_\_\_

### Vehicle 3

Make & Model: \_\_\_\_\_

Vehicle Passenger Capacity: \_\_\_\_\_

Is automobile available at all times?    Yes    No

*\*Copies of Vehicle Registration and Insurance Cards will need to be provided at the Home Study Meeting:*

## PHYSICAL HEALTH INFORMATION

Type of Medical Insurance  
for Applicants: \_\_\_\_\_

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

Type of Medical Insurance  
for Children: \_\_\_\_\_

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

Family  
Physician: \_\_\_\_\_

Family  
Dentist: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please list any serious illnesses that you or your children have had:

Name of Person	Illness	Date of Illness	Explanation of Illness

**EMPLOYMENT INFORMATION**

Does anyone in your family receive any form of public assistance?  Yes (Answer questions)  No  Cash Assistance  Food Stamps  ACCESS Card  Subsidized Housing

Applicant 1

Name of Employer: \_\_\_\_\_

Position: \_\_\_\_\_

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

Hours of Work: \_\_\_\_\_

\_\_\_\_\_

Length of Employment: \_\_\_\_\_

Phone #: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

Work Responsibilities: \_\_\_\_\_

Previous Employers (over the last 10 years)	Date of Employment (From - To)	Position / Work Responsibilities	Reason For Ending Employment

Applicant 2

Name of Employer: \_\_\_\_\_

Position: \_\_\_\_\_

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

Hours of Work: \_\_\_\_\_

\_\_\_\_\_

Length of Employment: \_\_\_\_\_

Phone #: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

Work Responsibilities: \_\_\_\_\_

Previous Employers (over the last 10 years)	Date of Employment (From - To)	Position / Work Responsibilities	Reason For Ending Employment

**LEGAL ISSUES**

Has anyone living in your home ever been arrested?  Yes  No

Nature of Offense: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_  
(municipality, city, state)

Has anyone living in your home ever been charged with a crime?  Yes  No

Nature of Offense: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_  
(municipality, city, state)

Has anyone living in your home ever been convicted of a crime?  Yes  No

Nature of Offense: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_  
(municipality, city, state)

Has anyone living in your home ever filed for a Protection From Abuse Order (PFA)?  Yes  No

If yes, what was the legal name  
of the person at the time of filing: \_\_\_\_\_

Date of order: \_\_\_\_\_ Location where order was filed: \_\_\_\_\_  
(municipality, city, state)

Has anyone ever filed a PFA on anyone living in your home?  Yes  No

If yes, what was the legal name  
of the person at the time of filing: \_\_\_\_\_

Date of order: \_\_\_\_\_ Location where order was filed: \_\_\_\_\_  
(municipality, city, state)

Has either applicant, at any time, filed for Bankruptcy (Chapter 7, 11, 12, 13)?  Yes  No

If yes, what was the legal name  
of the person at the time of filing: \_\_\_\_\_

Date of order: \_\_\_\_\_ Location where order was filed: \_\_\_\_\_  
(municipality, city, state)

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

Has the bankruptcy been satisfied?  Yes When? \_\_\_\_\_  No When do you anticipate it being satisfied? \_\_\_\_\_

**MENTAL HEALTH INFORMATION**

**Applicant 1**

Have you ever received mental health services?  Yes (Answer questions)  No

Where: \_\_\_\_\_

When: \_\_\_\_\_

Diagnosis & Treatment: \_\_\_\_\_

Do you smoke?  Yes  No

Do you drink alcohol?  Yes Frequency: \_\_\_\_\_  
 No

Do you use illegal drugs?  Yes  No

Have you ever received treatment for drug or alcohol abuse?  Yes  No

**Applicant 2**

Have you ever received mental health services?  Yes (Answer questions)  No

Where: \_\_\_\_\_

When: \_\_\_\_\_

Diagnosis & Treatment: \_\_\_\_\_

Do you smoke?  Yes  No

Do you drink alcohol?  Yes Frequency: \_\_\_\_\_  
 No

Do you use illegal drugs?  Yes  No

Have you ever received treatment for drug or alcohol abuse?  Yes  No

**EXPERIENCE WITH CHILDREN/RESOURCE PARENTING**

Do you have experience with children?  Yes ( Explain Below)  No

\_\_\_\_\_  
\_\_\_\_\_

Why do you wish to become a resource parent?

Applicant 1:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant 2:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOSTER/ADOPTIVE CHILD PREFERENCE(S)**

Age Range Preference:  
(Check all that apply)    0-2 Years    3-5 Years    6-12 Years    12-18 Years    No Preference

Gender:  
(Check all that apply)    Female    Male   Siblings:    Yes    No

**OTHER**

Have you cared for a foster child before?    Yes    No   If Yes:   Time Period: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Have you adopted a child before?    Yes    No   If Yes:   Date of Finalization: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Have you applied to other agencies to become a foster or adoptive parent?    Yes    No   If Yes:   Date of Finalization: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Have you ever been investigated by or received services from a CYS agency?    Yes    No   If Yes:   Date: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Is there anything regarding your family's lifestyle about which you feel Centre County CYS should be aware?  
(extended out-of-town travel, dietary practices, religious practices, etc.)

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## REFERENCES

Please list six individuals who have known you at least two years and will provide personal references. List no more than two relatives. Parents should not be listed as references.

Name(s)	Address	How Long Known?	Phone Number

### **YOU WILL BE REQUESTED TO PROVIDE ALL DOCUMENTATION TO VERIFY INFORMATION ON THIS APPLICATION**

Pennsylvania state regulations require that we reserve the right to request additional financial statements (i.e. the first two pages of the 1040/1099 Income Tax statement from the previous year, verification of employment for the past ten years, and recent pay stubs, etc.). Centre County CYC will also require an enhanced State Police background check, Child Abuse and Criminal History Clearances, as well as FBI fingerprint based background checks. Please note that Centre County CYC may also contact employers, adult children, schools, or other person(s) from whom we may need verification of the information provided on this application.

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 19 PA C.S. §4904 relating to unsworn falsification to authorities. I/We further understand that any falsification of information stated above will disqualify me from becoming a Resource Family.

\_\_\_\_\_  
Applicant 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant 2

\_\_\_\_\_  
Date