

COUNTY COMMISSIONERS

John N. Lechner, Chairman
Matthew B. McConnell
Brian Beader



Albert E. Acker Building
8425 Sharon-Mercer Road
Mercer, PA 16137
Telephone: (724) 662-2703
or (724) 962-1999
After hours/Emergency (724) 662-6130
Fax: (724) 662-0676

**COUNTY OF MERCER
CHILDREN AND YOUTH SERVICES**

**FOSTER/RESOURCE/KINSHIP
FAMILY APPLICATION**

All blanks must be completed. (Use NA or Don't Know)

Date of Application: _____

Applicant Names:

Address:

Phone Number: (Home) _____

Cell Number #1: _____

Cell Number #2: _____

County of Residence:

School District of Residence:

Directions to Reach Home:

Type of Residence: Apartment House Trailer Own Rent

Number of bedrooms: _____

How long have you lived at current address?: _____ years _____ months

List all previous address for past 10 years: (use back if needed)

Emergency Contact:

Name:

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**COUNTY OF MERCER
CHILDREN AND YOUTH SERVICES**

**FOSTER/RESOURCE/KINSHIP
FAMILY APPLICATION**

Address _____

Phone Number: _____

APPLICANT #1

Name (Include Maiden Name): _____

Date of Birth: _____ Place of Birth: _____

Race: _____ Religious Affiliation: _____

Date of Marriage: _____ *****Must provide a copy of marriage license

Previous marriages/divorces: _____ *****Must provide a copy of divorce decree

Highest level of completion: High School College

Level of Education/Degree: _____ Major: _____

EMPLOYMENT

Current Employer: _____

Address: _____

Phone Number: _____ Contact Person: _____

Occupation: _____

Start Date: _____ Work Hours: _____ Distance from home: _____ miles

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CHILDREN AND YOUTH SERVICES**

**FOSTER/RESOURCE/KINSHIP
FAMILY APPLICATION**

Monthly Salary: _____ must provide current pay stub

List all employment for past 10 years: (Use back if needed)

Do you give permission to contact your current employer? Yes No

Have you received any mental health treatment or hospitalization? Yes No

If yes, please explain. (You may be asked to provide documentation)

Have you had drug and/or alcohol treatment, had criminal charges or hospitalization for drug and/or alcohol problems during the past 5 years? Yes No

If yes, please explain. (You may be asked to provide documentation)

Have you ever filed for bankruptcy in the past 10 years? Yes No

If yes, please provide documentation.

Have you had any liens filed on you in the past 10 years? Yes No

If yes, please provide documentation.

Have you ever applied to any other agency as foster parents? Yes No

If yes, give agency name, address and phone number:

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CHILDREN AND YOUTH SERVICES**

**FOSTER/RESOURCE/KINSHIP
FAMILY APPLICATION**

Please provide history, if an, as a resource/kinship parent including number and type of children served.

Have you ever been denied approval and/or renewal as a foster/resource home? Yes No

If yes, give explanation:

Have you or anyone in your residence been investigated by Children and Youth or Department of Public Welfare? Yes No If yes, please give explanation:

Have you or anyone in your residence been Indicated for child abuse? Yes No

Have you or anyone in your residence been Founded for child abuse? Yes No

Have you or anyone in your residence had a family court proceeding which would include divorces, custody proceedings, domestic violence reports, Protection From Abuse orders and Domestic Relation findings?

Yes No (You may be asked to provide documentation.)

List education, training or personal experience working with foster/kinship children or the child welfare system. Please include any volunteer work.

Do you currently have pets? Yes No

If yes, please list all pets. You must have evidence of up-to-date vaccinations.

APPLICANT #2

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**COUNTY OF MERCER
CHILDREN AND YOUTH SERVICES**

**FOSTER/RESOURCE/KINSHIP
FAMILY APPLICATION**

Name (Include Maiden Name): _____

Date of Birth: _____ Place of Birth: _____

Race: _____ Religious Affiliation: _____

Date of Marriage: _____ *****Must provide a copy of marriage license

Previous marriages/divorces _____ *****Must provide a copy of divorce decree

Highest level of completion: High School College

Level of Education/Degree: _____ Major: _____

EMPLOYMENT

Current Employer: _____

Address: _____

Phone Number: _____ Contact Person: _____

Occupation: _____

Start Date: _____ Work Hours: _____ Distance from home: _____ miles

Monthly Salary: _____ must provide current pay stub

List all employment for past 10 years: (Use back if needed)

Do you give permission to contact your current employer? Yes No

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**FOSTER/RESOURCE/KINSHIP
FAMILY APPLICATION**

Have you received any mental health treatment or hospitalization? Yes No

If yes, please explain. (You may be asked to provide documentation)

Have you had drug and/or alcohol treatment, had criminal charges or hospitalization for drug and/or alcohol problems during the past 5 years? Yes No

If yes, please explain. (You may be asked to provide documentation)

Have you ever filed for bankruptcy in the past 10 years? Yes No

If yes, please provide documentation.

Have you had any liens filed on you in the past 10 years? Yes No

If yes, please provide documentation.

Have you ever applied to any other agency as foster parents? Yes No

If yes, give agency name, address and phone number:

Please provide history, if an, as a resource/kinship parent including number and type of children served.

Have you ever been denied approval and/or renewal as a foster/resource home? Yes No

If yes, give explanation:

Have you or anyone in your residence been investigated by Children and Youth or Department of Public Welfare? Yes No If yes, please give explanation:

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Have you or anyone in your residence been Founded for child abuse? Yes No

Have you or anyone in your residence had a family court proceeding which would include divorces, custody proceedings, domestic violence reports, Protection From Abuse orders and Domestic Relation findings?

Yes No (You may be asked to provide documentation.)

List education, training or personal experience working with foster/kinship children or the child welfare system. Please include any volunteer work.

Do you currently have pets? Yes No

If yes, please list all pets. You must have evidence of up-to-date vaccinations.

Biological/Adoptive Children Currently Living in Home: (Use back if needed)

Name:

Sex: _____ Date of Birth: _____ Age: _____ Grade Level: _____

Name:

Sex: _____ Date of Birth: _____ Age: _____ Grade Level: _____

Name:

Sex: _____ Date of Birth: _____ Age: _____ Grade Level: _____

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FAMILY APPLICATION**

Name:

Sex: _____ Date of Birth: _____ Age: _____ Grade Level: _____

Name:

Sex: _____ Date of Birth: _____ Age: _____ Grade Level: _____

Detail any special needs of children living in the home:

Biological/Adoptive Children Not Living in Home: (Use back if needed)

Name:

Address:

Sex: _____ Date of Birth: _____ Age: _____ Grade Level: _____

Name:

Address:

Sex: _____ Date of Birth: _____ Age: _____ Grade Level: _____

Name:

Address:

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FAMILY APPLICATION**

Sex: _____ Date of Birth: _____ Age: _____ Grade Level: _____

All Other Household Members Living in Home Under Age 18: (Use back if needed)

Name: _____

Date of Birth: _____ Sex: _____ Age: _____ Relationship: _____

Name: _____

Date of Birth: _____ Sex: _____ Age: _____ Relationship: _____

Name: _____

Date of Birth: _____ Sex: _____ Age: _____ Relationship: _____

Detail any special needs of children living in the home:

All Other Household Members Living in Home Over Age 18: (Use back if needed)

Name: _____

Date of Birth: _____ Sex: _____ Age: _____ Relationship: _____

Name: _____

Date of Birth: _____ Sex: _____ Age: _____ Relationship: _____

Name: _____

Date of Birth: _____ Sex: _____ Age: _____ Relationship: _____

Monthly Expenses

Present Rent/Mortgage \$ _____

Past Due Rent _____ \$ _____

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Electric		\$	_____
Gas		\$	_____
Cable		\$	_____
Water		\$	_____
Car Loan/Insurance		\$	_____
Food		\$	_____
Personal Products		\$	_____
Clothing		\$	_____
Transportation		\$	_____
Trash Service		\$	_____
Past Due Utilities			
Name	_____	\$	_____
Name	_____	\$	_____
Name	_____	\$	_____
Home Phone	Past Due _____	Present	\$ _____
Cell Phone	Past Due _____	Present	\$ _____
Rental Stores			
Name	_____	\$	_____
Name	_____	\$	_____
Credit Cards			
Name	_____	\$	_____
Name	_____	\$	_____
Other Expenses – Child Support	_____	\$	_____
Other Expenses	_____	\$	_____
Total Monthly Expenses:	\$ _____		
Income from Employment		\$	_____
Other Sources of Income			
Rental		\$	_____
Social Security		\$	_____
Public Assistance		\$	_____
Other – Child Support		\$	_____
Total Monthly Income:	\$ _____		
Negative Difference of \$	_____	Positive Difference of \$	_____

Applicant #1: _____ Date: _____

Applicant #2: _____ Date: _____

References: Please list three references that are not related to you that you have known for more than a minimum of three years and one additional reference related to you.

Name: _____

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FAMILY APPLICATION**

Address:

City: _____ State: _____ Zip: _____

Phone Number: _____

Name:

Address:

City: _____ State: _____ Zip: _____

Phone Number: _____

Name:

Address:

City: _____ State: _____ Zip: _____

Phone Number: _____

Name:

Address:

City: _____ State: _____ Zip: _____

Phone Number: _____

References from Adult Children (List names, addresses and phone numbers) :

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FAMILY APPLICATION**

Declaration:

I hereby declare the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand if approved any statements or omission of facts on this application shall be caused for disapproval.

Applicant #1: _____ Date: _____

Applicant #2: _____ Date: _____

Agency Witness: _____ Date: _____

Authorization to Release Information:

I authorize Mercer County Children and Youth Services to check my character, professional references, personal references and to obtain investigative reports containing to pertinent information (via mail and phone) of my former employment, local applicable agencies including but not limited to physicians, law enforcement agencies, and Stated Children Service Systems for the purpose of determining my/our suitability as resource/foster/kinship parents. I understand this information will only be used for this purpose and the information solicited will be unlimited. This consent may be revoked by notifying the Foster Parent Coordinator. This consent will expire one year from the date of application.

Applicant #1: _____ Date: _____

Applicant #2: _____ Date: _____

Agency Witness: _____ Date: _____