



Delta Community Supports, Inc.

2210 Mt. Carmel Avenue
Glenside, PA 19038-4619
Phone: (215) 887-6300 Fax: (215) 887-6400

FOSTER CARE PARENT APPLICATION
(Please print clearly)

Date: _____

What Type of Foster Parent are you applying for? Regular ___ Medical ___ Treatment ___ Respite ___

Have you attended Orientation 1? Yes or No (If so give date) _____

Applicant I: _____
First Name Middle Name Last Name

_____ Date of Birth Social Security Number Race

Have you lived in a state other than Pennsylvania within the last five years? _____

If so which state. _____

Applicant II: _____
First Name Middle Name Last Name

_____ Date of Birth Social Security Number Race

Address: _____
Street Apt.

_____ City State Zip Code

Home Phone: _____

Applicant I:

Applicant II:

Landline Phone Number: _____

Cell Phone Number: _____

Email Address : _____

Primary Language: _____ any other language _____

Household Religion: _____

Marital Status: Single _____ Married Couple _____ Date of Marriage _____
Separated _____ Divorced _____ Widowed _____ Unmarried Couple _____

Previous Marriage: Applicant I: yes _____ no _____ Applicant II: yes _____ no _____

Applicant I Employment History:

Present Employer: _____ Occupation _____

Address: _____

Date employment began: _____ Work Schedule: _____

If unemployed, source of income: _____

Education: Include High School, College, Graduation Dates and Degrees

Applicant II Employment History:

Present Employer: _____ Occupation _____

Address: _____

Date employment began: _____ Work Schedule: _____

If unemployed, source of income: _____

Education: Include High School, College, Graduation Dates and Degrees:

YOUR HOME:

List all Children living in your home. Please include **names, birthdates, relationship, gender, & social security numbers for each child.**

List all Adults (over the age of 18) living in your home. Please include names, birthdates, relationship, gender and security numbers for each child:

List all Children and/ or ADULTS who will be in your home 30 days or more within the year. Please include birthdates, relationship, gender and social security numbers for each adult.

Describe any continuing **Family Health** concerns:

Name and Address of **Family Physician:**

YOUR HOME:

How long have you lived in your home? _____

How many bedrooms do you have in your home? _____

Do you own or rent your home? _____

Do you have space available in your home for a foster child? _____

With whom would the child room? _____

What types of fire safety precautions are available in your home? _____

Do you own any pets? _____ If so what kind? _____

DISTRICT:

Name of School District you live in: _____ Name of Police District: _____

TRANSPORTAION:

Do you own a vehicle? _____

Do you have a valid Driver's Licenses? _____

PREVIOUS AND RELATED EXPERIENCE:

Have you previously applied to be a Delta Community Supports foster parent? _____

If so when _____

List any and all previous foster care agencies with whom you have worked and or applied:

1) _____ Dates: _____

Reason for leaving: _____

2) _____ Dates: _____

Reason for leaving: _____

Note: Delta Community Supports, Inc. reserves the right to request additional information regarding your previous affiliations.

Why do you want a foster child? _____

Describe the child you feel would be appropriate to welcome into your family. Include age, gender, and special needs.

What experience have you had that would be helpful in working with children?

What are your views on discipline?

What techniques do you use when correcting behavior?

CRIMINAL HISTORY:

Have you lived in a state other than Pennsylvania within the last five years? _____

Have you ever been arrested? **Applicant I** _____ **Applicant II** _____

If yes, explain the circumstances of the arrest: _____

SOURCE:

How did you learn about Delta Community Supports, Inc.

If the person referring you is a Delta foster parent, please write that person's name below:

Referred by: _____

STATEMENT OF EQUAL OPPORTUNITY:

Delta Community Supports, Inc. is committed to its longstanding policy of recruiting, employing, and promoting individuals solely on the basis of individual qualification and without regard to sex, race, age, disability, color, religion, or national origin. It is our intention to comply fully with all applicable federal, state, and local laws and regulations governing employment practices.

CONFIDENTIALITY STATEMENT:

The information you have provided is exclusively for the purpose of becoming a foster parent and will not be shared with other entities for other purposes outside of foster care and/or adoptive reasons.

SIGNATURE:

By signing below, I agree that the facts set forth above in this application are true and complete. I understand that false statements on this application shall be considered sufficient cause for terminating my request to become a foster parent.

Signature – Applicant I Date

Signature – Applicant II Date

Revised: 12/29/2015