



FOSTER *care.* & ADOPTION

Family Information Form

Date of Form Completion	
--------------------------------	--

Respondent 1 Full Legal Name	
Respondent 2 Full Legal Name	
Street Address	
City, State, ZIP Code	
County and Township/Borough	
School District	
Home Phone, Mobile Phone	
Work Phone	
Primary E-Mail Address	

How did you hear about us?

Areas of Interest

Which types of care are you considering providing? (Check all that apply)

- Foster Parenting** (full time parenting commitment, supportive of the goal for children to be reunited with their birth families)
- Legal Risk Foster Parenting** (willing to commit to care for a child whose goal is to be reunified with their birth family, but open to being considered as a permanent resource family for the child if reunification is not possible)
- SWAN Adoption** (interested in adopting Pennsylvania children who are currently in foster care and are legally free for adoption, or will be legally free when an adoptive family has been identified; SWAN is the Statewide Adoption and Permanency Network)
- Private Adoption** (our agency can provide a private adoption home study when a family is working with a private adoption agency/attorney for infant adoption, relative/kinship adoption, custody, etc.)
- Respite Foster Parenting** (caring for foster children on a temporary basis, for weekends, and overnight stays to give the child's current resource family a reprieve)

For families interested in post-adoption services:

- Post Placement Report Post Placement Supervision
- SWAN Post Permanency Services (respite, case management, support group)

Are you currently working with a foster care or adoption agency? Yes No

If yes, please list agency, contact person, and contact information:

Placement Preferences (What behaviors, number of children, etc. would be the best fit for your family? Consider your experience, strengths, resources, amount of space in your home, etc.)

Age Range _____ - _____ Race _____ Female Male

Will You Consider Children with Special Needs?* Yes No

Will You Consider a Sibling Group? Yes No Maximum Number of Children _____

Please list all languages in which you are able to communicate (i.e. English, Spanish, ASL):

Have you been matched with a child already in foster care? Please comment:

Additional Comments:

**All children in foster care are considered to be special needs due to experiencing family distress and disruption. This category ranges from physical, emotional, educational, and relational needs. Families are encouraged to begin thinking about what types of special needs they would be able to manage. This can be further explored during the Home Study process.*

Previous Child Care Experience

Summarize special skills and qualifications you have in regard to caring for children and any previous affiliations with other foster or adoption agencies.

Household Members

Please list all household members. Anyone who resides in the home for 30+ days per year is considered a household member. Additional household members should be submitted on a separate sheet. Please check box indicating a separate sheet has been attached.

Name	Date of Birth	Relationship to Respondent(s)

Please check here if an additional sheet with household members has been attached.

Employment Information

Respondent 1

Place of Employment:

Employer Address:

Occupation:

Number of Years of Employment:

Annual Gross Income:

Previous Employer if less than 3 years:

Respondent 2

Place of Employment:

Employer Address:

Occupation:

Number of Years of Employment:

Annual Gross Income:

Previous Employer if less than 3 years:

Background Information

Please provide information about any involvement with law enforcement or a child welfare agency. If none exists, please write: N/A.

Respondent 1

Respondent 2

General Information

Respondent 1

Date of Birth:

Place of Birth: City:

State:

County:

Relationship Status:

If married, date of marriage:

If previously married, please indicate date marriage ended:

Respondent 2

Date of Birth:

Place of Birth: City:

State:

County:

Relationship Status:

If married, date of marriage:

If previously married, please indicate date marriage ended:

Residence Information

Type of Home	<input type="checkbox"/> single <input type="checkbox"/> twin <input type="checkbox"/> row <input type="checkbox"/> townhouse <input type="checkbox"/> modular <input type="checkbox"/> apartment
Number of Bedrooms	
Years in Residence	
School District	

Education Information

Respondent 1 Education: Indicate Highest Level of Education:

Grade School High School Vocational Some College
 College Graduate Graduate School Doctorate Other:

Respondent 2 Education: Indicate Highest Level of Education:

Grade School High School Vocational Some College
 College Graduate Graduate School Doctorate Other:

Medical Condition

Respondent 1 Medical Conditions or Special Needs:

Medications:

Respondent 2 Medical Conditions or Special Needs:

Medications:

Agency Contact Information

Please submit completed form to: The Salvation Army Children's Services, Allentown office, attn: Angie Gillen, Outreach Coordinator

Lehigh Valley Office: 425 Allentown Drive, Allentown, PA 18109
Phone (610) 821-7706 Fax (610) 821-8121

Southeast Region Office: 426 Main Street, Harleysville, PA 19438

Email: angie.gillen@use.salvationarmy.org **Website:** care4kids.net
Facebook.com/SalvationArmyChildrensServices **Twitter.com/SACChildrensServ**