



Resource Family Application Form

Applicant Information

Date of Application:

Applicant 1 Full Legal Name	
Applicant 2 Full Legal Name	
Street Address	
City State ZIP Code	
Home Phone / Cell Phone	
Work Phone	
Primary E-Mail Address	

Availability for Home Visits/Contact with Agency Staff

During which days and hours are you most available for correspondence or meetings?

- Weekday mornings Other (explain) _____
- Weekday afternoons
- Weekday evenings

Resource Family Interests

Tell us in which areas you are interested: (Check all that apply)

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.*)

Foster Care Adoption (*willing to adopt a foster child(ren) who is unable to be reunified with his natural family*)

SWAN Adoption (*interested in adopting children in foster care in PA who are presently in need of permanent family and waiting for an adoptive family to be identified for them; SWAN is The Statewide Adoption and Permanency Network*)

Foster Parenting (*full time parenting commitment, supportive of the goal for children to be reunified with their natural families*)

Volunteering (*assisting with agency projects, office work, events, etc.*)

Respite Foster Parenting (*caring for foster children on a temporary basis, for weekends, and overnight stays when the children's current resource parent need a break*)

(*for families interested post-adoption services*)

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

Are you currently working with a foster care or adoption agency? _____ If yes, please list agency, contact person, and contact information:

Child Preferences for foster care and/or adoption (or N/A):

_____ - _____	Age Range	_____	Gender	_____	Race
_____	Will Consider Special Needs*	_____	Number of Children		
_____ Have you been matched with a child already in foster care? Please comment:					
Additional Comments on Child Preferences:					
<i>*All children in foster care are considered to be special needs. 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.</i>					

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.

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Household Members
(Please list all household members. Anyone who resides in the home for 30+ days per year is considered a household member)

Name	Date of Birth	Relationship to Applicant(s)

Employment Information

Applicant 1 Occupation

Place of Employment and Address

Number of Years of Employment

Annual Gross Income

Previous Employer if less than 3 years:

Occupation:

Applicant 2 Occupation

Place of Employment and Address

Number of Years of Employment

Annual Gross Income

Previous Employer if less than 3 years:

Occupation:

General Information

Applicant 1 Social Security Number*

Date of Birth

Place of Birth - City

State

Country

Applicant 2 Social Security Number*

Date of Birth

Place of Birth - City

State

Country

**If you do not wish to provide your Social Security Number on this form, please call the office and provide it to the staff listed on this form.*

Residence Information

County

Township/Borough

Type of Home

single twin row townhouse modular apartment

Number of Bedrooms

Years in Residence

Education Information

Applicant 1 Education: *Indicate Highest Level of Education:*

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

Applicant 2 Education: *Indicate Highest Level of Education:*

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

Marital Status

- Married Single Divorced Widowed Other:

Date of Marriage:

If Divorced, please indicate date of divorce:

Medical Condition

Applicant 1 Medical Conditions or Special Needs:

Medications:

Applicant 2 Medical Conditions or Special Needs:

Medications:

Agency Contact Information

Please submit completed form to: The Salvation Army Children's Services, Allentown office
Attn: Jan Musser Geier (Outreach and Marketing 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
Phone (215) 256-6868 Fax (215) 256-6698

Email: Jan.MusserGeier@use.salvationarmy.org
Facebook.com/SalvationArmyChildrensServices

Website: care4kids.net
Twitter.com/SACchildrensServ