

RESOURCE FAMILY APPLICANT REGISTRATION / UPDATE FORM (CY 131)

Mail to:
 PENNSYLVANIA ADOPTION EXCHANGE
 P.O. Box 4469
 Harrisburg, PA 17111-0469
 800-227-0225

<input type="checkbox"/> SWAN ID #		<input type="checkbox"/> PAE ID #		For updates: Complete Agency Information section, shaded entry blocks and all information that has changed.
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FAMILY DEMOGRAPHICS

All fields must be filled out unless noted

PARTNER #1

LAST NAME	FIRST NAME	MI	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH	SOCIAL SECURITY # (Requested)	TELEPHONE (Daylight)	
		()	

RACE AND ETHNICITY - Check all that apply

RACE: American Indian / Alaskan Native Asian Black / African American Native Hawaiian / Other Pacific Islander White
ETHNICITY HISPANIC: YES NO

PARTNER #2

LAST NAME	FIRST NAME	MI	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH	SOCIAL SECURITY # (Requested)	TELEPHONE (Daylight)	
		()	

RACE AND ETHNICITY - Check all that apply

RACE: American Indian / Alaskan Native Asian Black / African American Native Hawaiian / Other Pacific Islander White
ETHNICITY HISPANIC: YES NO

STREET ADDRESS	E-MAIL		
CITY	STATE	ZIP	COUNTY

APPLICANT(S) MARITAL STATUS
 Married Single Alternative Lifestyle Other _____

PREVIOUS FAMILY ADDRESSES

List all home addresses for the previous 10 years (attach additional page, if needed) OR Not Applicable

STREET	CITY	STATE	ZIP	COUNTY

ALL OTHER MEMBERS OF HOUSEHOLD

Attach additional page, if necessary, OR Not Applicable

For families already registered ONLY: If adding or removing a member of the household, check New or Delete as appropriate

NAME	DATE OF BIRTH	GENDER	RELATIONSHIP TO APPLICANTS	SOCIAL SECURITY # (Requested)	New	Delete

FAMILY INFORMATION			
Please answer the following questions.			
1. List the occupations of the applicants, including a stay-at-home parent. <input type="checkbox"/> Partner 1 _____ <input type="checkbox"/> Partner 2 _____			
2. List any special needs training applicants have.			
3. Select the type of neighborhood where applicants live. <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
FAMILY DISPOSITION			
Disposition: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> CLOSED			DATE of DISPOSITION
For type of care: <input type="checkbox"/> ADOPTIVE <input type="checkbox"/> FOSTER CARE <input type="checkbox"/> KINSHIP			
Please choose type of foster care approval or reason for any disapproval or closure below.			
APPROVED - For foster care, choose type of approval <input type="checkbox"/> FULL <input type="checkbox"/> REGULATION WAIVER GRANTED	DISAPPROVED - Choose reason <input type="checkbox"/> CHILD ABUSE HISTORY <input type="checkbox"/> CRIMINAL HISTORY <input type="checkbox"/> FAILURE TO COMPLETE TRAINING <input type="checkbox"/> FAILURE TO FOLLOW AGENCY POLICY <input type="checkbox"/> FALSIFICATION / MISREPRESENTATION OF INFORMATION <input type="checkbox"/> UNFAVORABLE FAMILY PROFILE <input type="checkbox"/> OTHER Explain: _____	CLOSED - Choose reason <input type="checkbox"/> Adopted child from PA child welfare system <input type="checkbox"/> Adopted child from another state (CW) <input type="checkbox"/> Adopted privately / domestically <input type="checkbox"/> Adopted internationally <input type="checkbox"/> Kinship adoption <input type="checkbox"/> Kinship care – not adoption <input type="checkbox"/> Kinship home-child no longer in home <input type="checkbox"/> Permanent Legal Custodian <input type="checkbox"/> Family unresponsive <input type="checkbox"/> Moved to other agency <input type="checkbox"/> Moved away <input type="checkbox"/> No longer interested / personal reasons <input type="checkbox"/> Other reason: _____	
If closing a previously registered, approved family, complete all shaded areas of the form and the Agency Information section. Sign and date below. I certify that the information provided is accurate and complete. Signature _____ Date _____			
FOSTER FAMILY APPEAL ACTIVITY			
<input type="checkbox"/> FAMILY FILED APPEAL	<input type="checkbox"/> APPEAL UPHELD <input type="checkbox"/> APPEAL DENIED	DATE	
LIST ANY RESTRICTIONS TO APPROVAL			
BASIS FOR APPEAL			
AGENCY INFORMATION			
REGISTERING AGENCY			
REGISTERING AGENCY			CASEWORKER (Full name)
MAILING ADDRESS			E-MAIL
CITY	STATE	ZIP	COUNTY
TELEPHONE # ()		FAX #	
ALL PREVIOUS FOSTER CARE / ADOPTION AGENCY AFFILIATIONS or <input type="checkbox"/> Not Applicable			
Attach additional page, if needed			
PREVIOUS AGENCY			CASEWORKER (Full name)
MAILING ADDRESS			E-MAIL
CITY	STATE	ZIP	COUNTY
TELEPHONE # ()		FAX #	

ALL PREVIOUS FOSTER CARE / ADOPTION AGENCY AFFILIATIONS (continued)

PREVIOUS AGENCY			CASEWORKER (Full name)
MAILING ADDRESS			E-MAIL
CITY	STATE	ZIP	COUNTY
TELEPHONE # ()		FAX #	

TYPE OF CHILD APPROVED FOR FAMILY

WHAT IS THE MAXIMUM NUMBER OF CHILDREN APPROVED FOR THIS FAMILY'S HOME? _____


SPECIAL NEEDS

CHECK ALL SPECIAL NEEDS FAMILY IS APPROVED TO PROVIDE. NOT APPLICABLE

<input type="checkbox"/> ABUSE HISTORY	<input type="checkbox"/> NEGLECT HISTORY
<input type="checkbox"/> ALCOHOL EXPOSED	<input type="checkbox"/> PHYSICAL DISABILITY
<input type="checkbox"/> DRUG EXPOSED INFANT	<input type="checkbox"/> RUNAWAY HISTORY
<input type="checkbox"/> EMOTIONAL DISABILITY	<input type="checkbox"/> SEXUAL ABUSE HISTORY
<input type="checkbox"/> HIV	<input type="checkbox"/> SIBLINGS: # _____
<input type="checkbox"/> MH DIAGNOSIS	<input type="checkbox"/> SPECIAL EDUCATION STUDENT
<input type="checkbox"/> MR DIAGNOSIS	<input type="checkbox"/> SPECIAL MEDICAL CARE
<input type="checkbox"/> MULTIPLE PLACEMENT HISTORY	
<input type="checkbox"/> OTHER: _____	

TYPE OF CHILD FAMILY PREFERS - If family is disapproved, check Not Applicable

RACE / ETHNICITY - Check all family will accept	GENDER	NUMBER OF CHILDREN & AGE RANGE
RACE: <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK / AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE ETHNICITY HISPANIC: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> EITHER	AGE RANGE: BETWEEN _____ and _____ YEARS NUMBER OF CHILDREN: <input type="checkbox"/> SINGLE CHILD <input type="checkbox"/> SIBLINGS MAXIMUM NUMBER _____

 **STOP HERE if match suggestions are not needed**

CHARACTERISTICS OF CHILD

For adoptive families only: Please choose from the characteristics listed to tell us the type of child the family wants to adopt. Place an X in the most appropriate box for each characteristic.

HEALTH			
Characteristic	Acceptable	Will Consider	Unacceptable
1. No significant health problems			
2. Allergies or asthma (may require treatment)			
3. Hyperactivity (may require treatment)			
4. Speech problems (may require treatment)			
5. Hearing problems (may require treatment)			
6. Legally deaf			
7. Vision problems (may require treatment)			
8. Legally blind			
9. Dental problems (may require treatment)			
10. Orthopedic problems (special shoes, brace, etc.)			
11. Seizure disorder			

EDUCATION			
Characteristic	Acceptable	Will Consider	Unacceptable
12. High achiever			
13. Achieves on grade level in regular classes			
14. Achieves below grade level in regular classes			
15. Needs special education classes			
16. Needs learning disability classes (LD)			
17. Needs classes for the emotionally or behaviorally handicapped			
18. Needs tutoring in one or more subjects			
19. Has serious behavior problems at school			
CHARACTERISTICS AND BEHAVIORS			
Characteristic	Acceptable	Will Consider	Unacceptable
20. Generally quiet and shy			
21. Generally outgoing and noisy			
22. Emotional issues require ongoing therapy			
23. Tends to reject father figures			
24. Tends to reject mother figures			
25. Difficulty making friends and relating to other children.			
26. Frequently wets the bed.			
27. Frequently wets during the day			
28. Frequently soils him/herself			
29. Masturbates frequently or openly			
30. Poor social skills			
31. Problem with lying			
32. Problem with stealing			
33. Frequently starts physical fights with other children			
34. Tends to abuse animals			
35. Tends to be destructive of clothing, toys. etc.			
36. Frequently uses foul or bad language			
37. Frequent temper tantrums			
38. Difficulty accepting and obeying rules			
39. History of inappropriate sexual behavior			
40. History of running away			
41. History of playing with matches, setting fires			
FAMILY CONNECTEDNESS & HISTORY			
Characteristic	Acceptable	Will Consider	Unacceptable
42. Strong ties to birth family			
43. Strong ties to foster family			
44. Needs continued contact with siblings			
45. Previous adoptive disruption			
46. Sexually abused			
47. Exposed to promiscuous sexual behavior			
48. Conceived by rape			
49. Conceived as a result of prostitution			

50. One or both parents addicted to alcohol			
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FAMILY CONNECTEDNESS & HISTORY

Characteristic	Acceptable	Will Consider	Unacceptable
51. One or both parents chemically dependent, other than alcohol			
52. One or both parents has criminal record			
53. One or both parents mentally retarded			
54. One or both parents has mental illness			
55. No information available about one or more parent			

RESOURCE FAMILY'S FEELINGS ABOUT OPENNESS WITH BIRTH FAMILY

Characteristic	Acceptable	Will Consider	Unacceptable
56. Meet with birth parents			
57. Contact with birth parents through agency or intermediary			
58. Send letters to birth parents			
59. Receive letters from birth parents			
60. Send videos to birth parents			
61. Receive videos from birth parents			
62. Have phone contact between adults			
63. Child continues visits with siblings			
64. Child continues visits with extended relatives in birth family			
65. Child continues visits with birth parents			
66. Receive birth parents' name, address, phone number, etc.			
67. Adoptive parents willing to give first name to birth parents			
68. Adoptive parents willing to give identifying information to birth parents			

SIGNATURE OF AGENCY WORKER REQUIRED

I verify that this information is accurate and complete to the best of my knowledge or information and belief. The information is submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

AGENCY WORKER

DATE