

RESOURCE FAMILY APPLICANT REGISTRATION/UPDATE FORM

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

- New Registration
 Update. Shaded fields are required.
 Adoption
 Foster Care
 Kinship

(PAE Use Only)	
PAE ID#	
REGISTRATION UPDATE	
ORIGINAL PAE ID#	

REGISTERING AGENCY					
Agency Full Name:			Contact Person:		
Mailing Address:			Email:		
City:	State:	Zip Code:	County:	Telephone Number:	

APPLICANT INFORMATION (applicant completes and returns to agency)					
APPLICANT NAME: LAST		FIRST	M.I.	GENDER:	MAIDEN NAME:
DATE OF BIRTH:	SOCIAL SECURITY NUMBER (Required):	MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Alternative Lifestyle			
CHECK ALL THAT APPLY RACE/ETHNICITY:	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	Ethnicity: Hispanic: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
APPLICANT NAME: LAST		FIRST	M.I.	GENDER:	MAIDEN NAME:
DATE OF BIRTH:	SOCIAL SECURITY NUMBER (Required):	MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Alternative Lifestyle			
CHECK ALL THAT APPLY RACE/ETHNICITY:	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	Ethnicity: Hispanic: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
CURRENT MAILING ADDRESS:		FAMILY EMAIL ADDRESS (optional):		TELEPHONE NUMBER:	
CITY:	STATE:	ZIP CODE:	COUNTY:		

PREVIOUS ADDRESS		<input type="checkbox"/> NOT APPLICABLE
Home address for the previous 10 years (attach page if needed):		
1. _____	COUNTY _____	
2. _____	COUNTY _____	
3. _____	COUNTY _____	
4. _____	COUNTY _____	

ALL MEMBERS OF HOUSEHOLD (attach additional page, if needed)					<input type="checkbox"/> NOT APPLICABLE
NAME	DATE OF BIRTH	GENDER	RELATIONSHIP TO APPLICANTS	SOCIAL SECURITY NUMBER	
1.					
2.					
3.					
4.					

UPDATE INFORMATION ON ADULT HOUSEHOLD MEMBERS USE ONLY WHEN UPDATING					<input type="checkbox"/> NOT APPLICABLE
MARITAL STATUS:			CHANGE IN NAME:		
FROM:	TO:		FROM:	TO:	
ADD: (NAME)	DATE OF BIRTH	GENDER	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER	
DELETE: (NAME)	DATE OF BIRTH	GENDER	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER	

REGISTERING AGENCY DISPOSITION (Agency completes and returns to registry)

PENDING

DATE:

FULL

REGULATION WAIVER GRANTED

APPROVED

FAMILY WITHDRAWS

DATE:

REASON:

DISAPPROVED

DATE:

CHILD ABUSE HISTORY

FAILURE TO FOLLOW AGENCY POLICY

CRIMINAL HISTORY

FALSIFICATION/MISREPRESENTATION OF INFO

FAILURE TO COMPLETE TRAINING

UNFAVORABLE FAMILY PROFILE

OTHER. Explain: _____

CLOSURE (agency initiated)

DATE:

REASON FOR CLOSURE:

APPLICANT APPEAL ACTIVITY (disapproval or home closure)

RESOURCE PARENT HAS FILED APPEAL

APPEAL UPHELD

DATE:

ANY RESTRICTIONS TO APPROVAL:

APPEAL DENIED

DATE:

BASIS FOR APPEAL:

SPECIAL NEEDS FAMILY IS APPROVED TO SERVE (CHECK ALL THAT APPLY)

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

WHAT IS THE MAXIMUM NUMBER OF CHILDREN APPROVED TO BE PLACED IN THIS HOME? _____

ALL PREVIOUS FOSTER CARE/ADOPTION AGENCY AFFILIATIONS (attach additional page, if needed) NOT APPLICABLE

1. Agency Full Name:		Contact Person:		
Mailing Address:				
City:	State:	Zip Code:	County:	Telephone Number:
2. Agency Full Name:		Contact Person:		
Mailing Address:				
City:	State:	Zip Code:	County:	Telephone Number:

TYPE OF CHILD THAT MAY BE PLACED IN THIS HOME

RACE/ETHNICITY - CHECK ALL THAT FAMILY WILL ACCEPT	GENDER	NUMBER OF CHILDREN & AGE RANGE
<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> MORE THAN ONE RACE (Matches may include any races checked.) <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE	<input type="checkbox"/> EITHER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	AGE RANGE. BETWEEN _____ YEARS AND _____ YEARS <input type="checkbox"/> SINGLE CHILD <input type="checkbox"/> SIBLINGS. MAXIMUM NUMBER OF SIBLINGS _____

FAMILY INFORMATION

Please provide the following information regarding this family.

- List the occupation of the applicants, including a stay-at-home parent.
- List any special needs training or experience the applicants have.
- Name the type of neighborhood (rural, urban, suburban) in which the applicants live.

STOP HERE if family has child in pre-adopt placement or if family has been disapproved.

CHARACTERISTICS OF CHILDREN THAT FAMILY PREFERS

Please use the components listed to tell us the type of child this family would like to foster or adopt. Place an "X" in the appropriate box. If characteristics would be DIFFERENT for fostering than adopting, also place an "F" for foster and an "A" for adopt in the appropriate box.	PREFERRED	ACCEPTABLE	WILL CONSIDER	UNACCEPTABLE
	HEALTH			
No significant health problems				

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Allergies or asthma (may require treatment)				
Hyperactivity (may require treatment)				
Speech problems (may require treatment)				
Hearing problems (may require treatment)				
Legally deaf				
Vision problems (may require treatment)				
Legally blind				
Dental problems (may require treatment)				
Orthopedic problems (special shoes, leg brace, etc.)				
Seizure disorder				
Other (specify)				
EDUCATION				
High achiever				
Achieving on grade level in regular classes				
Achieving below grade level in regular classes				
Needs special education classes (EMR)				
Needs learning disability classes (LD)				
Needs classes for the emotionally or behaviorally handicapped				
Needs tutoring in one or more subjects				
Has serious behavior problems at school				
CHARACTERISTICS AND BEHAVIORS				
Generally quiet and shy				
Generally outgoing and noisy				
Has emotional issues requiring therapy at present				
Has tendency to reject father figures				
Has tendency to reject mother figures				
Has difficulty making friends and relating with other children				
Frequently wets the bed				
Frequently wets during the day				

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Frequently soils him/herself				
Masturbates frequently and/or openly				
Has poor social skills				
Has a problem with lying				
Has a problem with stealing				
Frequently starts physical fights with other children				
Tends to abuse animals				
Tends to be destructive of clothing, toys, etc.				
Frequently uses language you would consider foul or bad				
Has frequent temper tantrums				
Has difficulty accepting and obeying rules				
Has a history of inappropriate sexual behavior				
Has a history of running away				
Has a history of playing with matches, setting fires				
FAMILY CONNECTEDNESS & HISTORY				
Has strong ties to birth family				
Has strong ties to foster family				
Will need continued contact with siblings in adoptive placement				
Has had a previous adoption disruption				
Has been sexually abused				
Has been physically abused				
Has been exposed to promiscuous sexual behavior				
Was conceived as a result of rape				
Was conceived as a result of prostitution				
One or both parents has alcohol addiction				
One or both parents has chemical dependency, other than alcohol				
One or both parents had a criminal record				
One or both parents are mentally retarded				
One or both parents has mental illness				
Agency has no information on one or both parents				

Please use the components listed to tell us the type of child this family would like to foster or adopt. Place an "X" in the appropriate box. If characteristics would be DIFFERENT for fostering than adopting, also place an "F" for foster and an "A" for adopt in the appropriate box.	PREFERRED	ACCEPTABLE	WILL CONSIDER	UNACCEPTABLE
ADOPTIVE FAMILY'S FEELINGS TOWARD OPENNESS				
Is willing to meet birth parents				
Is willing to have contact with birth parents through agency or intermediary				
Is willing to send letters to birth parents				
Is willing to receive letters from birth parents				
Is willing to send videos to birth parents				
Is willing to receive videos from birth parents				
Is willing to have phone contact between adults				
Is willing to have child continue visits with siblings				
Is willing to have child continue visits with extended relatives in birth family				
Is willing to have child continue visits with birth parents				
Is willing to receive birth parents' name, address, phone number, etc.				
Is willing to give birth parents the adoptive parents' first name				
Is willing to give birth parents the adoptive parents' identifying information				

Comments: _____

SIGNATURE OF AGENCY WORKER IS REQUIRED	
S I G N A T U R E	<p>I CERTIFY THAT A FAMILY PROFILE HAS BEEN COMPLETED AND APPROVED FOR THIS FAMILY</p> <p>_____</p> <p style="text-align: center;">AGENCY WORKER</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">DATE</p>