



**Personal Information**

*Provider*

*Alternate*

Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_

**Date of Birth**

Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_

\_\_\_ Yes \_\_\_ No

**Social Security Number**

**U.S. Citizen**

\_\_\_ Yes \_\_\_ No

**Marital Status**

**Date of Marriage**

**Religious Affiliation (optional)**

**Education**

**Highest Grade Completed**

**College**

**Other**

**Work Experience**

Have you ever worked for the child/adult welfare system? \_\_\_ yes \_\_\_ no

If yes, please describe position, employer, city and state, length of service, and reason for leaving

**Work Experience (Cont'd)**

*Provider*

(begin with the most recent)

*Alternate*

**Occupation**

**Employer**

**Address**

**Usual Hours of Work**

**Length of Employment**

**Monthly Take Home Pay**

**Job Description/Duties**

**Reason for Leaving**

*Provider*

*Alternate*

**Occupation**

**Employer**

**Address**

**Length of Employment**

**Monthly Take Home Pay**

**Job Description/Duties**

**Reason for Leaving**

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*Provider*

*Alternate*

**Occupation**

**Employer**

**Address**

**Length of Employment**

**Monthly Take Home Pay**

**Job Description/Duties**

**Reason for leaving**

**Additional Training/Volunteer Experiences**

Please list any other schooling or training which relates to the caregiver role and/or developmental disabilities:

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Do you have experience (volunteer or work) in the field of Mental Health, Mental Retardation, Medical Care, Child Care, Physical Disabilities, or other Human Service Occupations?

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/

**Health**

*Provider*

*Alternate*

**How would you describe your general physical health?**

**Do you have a chronic health problem? If yes, please describe.**

**Are you free from contagious diseases?**

**Have you been vaccinated for Hepatitis B?**

**Mental Health Services received (including counseling & inpatient services with dates)**

**Description of Home and Neighborhood**

Single \_\_\_ Twin \_\_\_ Townhouse \_\_\_ Apartment \_\_\_ Row Home \_\_\_ Other \_\_\_\_\_

Total rooms: \_\_\_\_\_ How long have you lived at the current address? \_\_\_\_\_

Are you: \_\_\_\_\_ renting \_\_\_\_\_ buying \_\_\_\_\_ the owner? If renting, lease expiration \_\_\_\_\_

Do you have current Homeowner's insurance (or Renter's insurance)? \_\_\_\_\_ yes \_\_\_\_\_ no

# of bathrooms: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ # of floors: \_\_\_\_\_ (include basement, attic, but not crawl spaces)

Is there a yard or available outdoor play space? \_\_\_\_\_

Please describe your neighborhood: \_\_\_\_\_

How would your neighbors feel about a foster child or adult living with you? \_\_\_\_\_

Do you have any pets? What kind/how many? \_\_\_\_\_

Planned occupancy (What are the future plans in regards to individuals living in the house? Will anyone be moving in/out?):

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What would be the bedroom/sleeping arrangement for the child/adult to be placed with you?

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Water supply:            \_\_\_ Public    \_\_\_ Private

If private, when was the last time the water was tested? \_\_\_\_\_

Sewer system:            \_\_\_ Public    \_\_\_ Private

Type of heating: \_\_\_\_\_

If oil, when was the last time the heater was inspected? \_\_\_\_\_

Do you have a backup heating system? \_\_\_ yes        \_\_\_ no

If yes, please explain: \_\_\_\_\_

If you use a fireplace or wood burning stove, when was the chimney last cleaned? \_\_\_\_\_

Do you own a car? \_\_\_ yes    \_\_\_ no

If yes, what is the make, model and year? \_\_\_\_\_

Do you have current car insurance? \_\_\_yes    \_\_\_ no Date of expiration \_\_\_\_\_

Are you willing to transport a client to necessary appointments? \_\_\_\_\_

Is there any public transportation available in the area? \_\_\_ yes \_\_\_ no

If yes, what type and how close? \_\_\_\_\_

Describe the volume of traffic on your road: \_\_\_\_\_

Are there sidewalks for pedestrians near your house? \_\_\_\_\_

What is the name of the hospital closest to you and how far away is it? \_\_\_\_\_

Do you have a support network (i.e. family, friends) who would be willing to provide back-up care for your foster child/adult? Please describe.

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Why would you like to become a Provider family?

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What are the benefits of working with the natural family?

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Are you now or have you ever in the past provided residential/ foster care in your home for children or adults? \_\_\_ yes    \_\_\_ no

If yes, please give dates, names of agencies, number and type of children and/or adults served:

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Are you willing to get a letter of reference from the above named agencies? \_\_\_ yes    \_\_\_ no

### **Criminal History/Child Abuse Clearance**

Were you or any others living in the home ever convicted of a criminal offense (including drug or alcohol related driving under the influence (DUI) anywhere (i.e. city, country, or any other locale)?

Provider:  yes  no      Alternate:  yes  no      Other(s):  yes  no

Were you or any others living in the home psychiatrically hospitalized within the last ten years?

Provider:  yes  no      Alternate:  yes  no      Other(s):  yes  no

Were you or any others living in the home treated for Substance Abuse or Addictions in the last ten years?

Provider:  yes  no      Alternate:  yes  no      Other(s):  yes  no

Are you involved with any judicial proceedings and are there any criminal charges against you now pending? (Omit minor traffic violations).

Provider:  yes  no      Alternate:  yes  no      Other(s):  yes  no

If yes to any of the above questions, please give details on a separate sheet of paper and provide us with a copy of the docket. Conviction of a criminal offense will not necessarily prohibit you from becoming a provider in all cases. Each case is considered on its own merits.

Have you or any other person living in the home had a *Restraining Order* issued against them?

Provider:  yes  no      Alternate:  yes  no      Other(s):  yes  no

If yes, please give details on a separate sheet of paper.

Have you or any other person living in the home had a *Protection from Abuse* order issued by or against them?

Provider:  yes  no      Alternate:  yes  no      Other(s):  yes  no

If yes, please give details on a separate sheet of paper and provide a copy of the order(s).

Have you or any other person living in the home ever been involved with family court proceedings?

Provider:  yes  no      Alternate:  yes  no      Other(s):  yes  no

If yes, please give details on a separate sheet of paper.

**A Criminal History Clearance (or FBI Clearance for non-Pennsylvania residents) and a Child Abuse Clearance will be completed as part of the application process.**

Would you consent to us contacting local police for a reference?

Provider:  yes  no      Alternate:  yes  no

If no, please give details on a separate sheet of paper.

### **Agreement**

**I certify that all information furnished in this application is correct and complete, and I understand that any false statement or omission of material/fact may disqualify me from further consideration from becoming a Provider.**

\_\_\_\_\_  
Primary Caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Alternate

\_\_\_\_\_  
Date

### **Access Services**

*All information received on this application will be handled with the utmost care and confidentiality.*

## Questionnaire

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**1. Describe briefly the work schedule of each adult in the home.**

*Applicant:*

*Alternate:*

**2. How do you anticipate dividing responsibilities to provide needed care and supervision for an individual placed in your home?**

**3. How would you describe your personality and the personality of each member of the household?**

Names	Descriptions

**4. In what ways do members of your household interact with neighbors and how would you characterize your relationships with them?**

**5. Tell about a typical work/school day in your home. When do household members get up/ leave for routine activities?**

**6. What meals, if any do you eat together? What happens during family mealtimes?**

- 7. What do you usually do after work/school - before bedtime?**
  
- 8. When do household members usually get to sleep?**
  
- 9. How would you describe the activity level of your family?**
  
- 10. What kinds of activities do you like to do as a family?**
  
- 11. Describe a typical Saturday.**
  
- 12. How do you spend holidays?**
  
- 13. What do you do on vacations?**
  
- 14. Would adding another person who uses the phone/computer/TV impact your family?**
  
- 15. The individual living with you seems to be upset about something and either is unable or does not want to talk about it. In either case, how might you respond?**
  
- 16. The person living with you frequently declines healthy food choices you have prepared and wants to eat snacks instead. How might you handle it?**



# Prospective Provider Personal References

*(Please do not use relatives)*

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Name of Reference/Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_

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Name of Reference/Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_

.....

Name of Reference/Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_

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Name of Reference/Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_

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Former Agency Reference \_\_\_\_\_  
 Agency Name and Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_

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**Name of Prospective Provider – PLEASE PRINT**

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**Signature of Prospective Provider**

**Date**