



Foster Care



Adoption

1008 South Second Street
Clearfield, PA 16830
(814) 765-2686
FAX: 765-6530
www.childaid.org

Adoption, Child Care, Foster Care, In-Home Services, Nurturing, Parents as Teachers,
Pre-K Counts, Together, Triple P, Youth Mentoring

APPLICATION

Please check the service (s) you are interested in:

Adoption

Foster Care

JOINT INFORMATION:

Name _____

Name _____

Home Telephone Number _____ Cell Phone Number _____

Email Address _____

Residential Address _____

City _____ State _____ Zip _____

County _____ How Long At Current Address? _____

In the last five years, has either applicant resided outside of PA? If yes, where? _____

PLEASE CHECK ONE: Own _____ Rent _____ Other _____

Mailing Address (If Different from Residential Address) _____

FIRST APPLICANT'S INFORMATION:

Name _____

First

Middle

Last

US Citizen?

Other Names (Nicknames, Maiden, Alias) _____

Date of Birth _____ Place _____

Race _____ Ethnic Background _____

Marital Status _____ Social Security Number _____

Religious Affiliation _____

Employer _____ Work Phone _____

Employer's Address _____

Position/Title _____ Work Hours _____

Length of Current Employment _____ Annual Income _____

Drivers License State/# _____ Expiration Date _____

Educational Background:

School Name Dates Attended Course of Study Received a Diploma/GED

Additional Training, Courses, Certifications

Military Service Branch Dates of Service Type of Discharge

If married, list date and place (city/state) of marriage

Please list any previous marriages and divorces, including former spouse's full name and the dates of the marriage and divorce

SECOND APPLICANT'S INFORMATION (IF APPLICABLE):

Name _____

 First Middle Last US Citizen?

Other Names (Nicknames, Maiden, Alias) _____

Date of Birth _____ Place _____

Race _____ Ethnic Background _____

Marital Status _____ Social Security Number _____

Religious Affiliation _____

Employer _____ Work Phone _____

Employer's Address _____

Position/Title _____ Work Hours _____

Length of Current Employment _____ Annual Income _____

Drivers License State/# _____ Expiration Date _____

Educational Background:

School Name Dates Attended Course of Study Received a Diploma/GED

Additional Training, Courses, Certifications

Military Service Branch Dates of Service Type of Discharge

If married, list date and place (city/state) of marriage

Please list any previous marriages and divorces, including former spouse's full name and the dates of the marriage and divorce

HOUSEHOLD / FAMILY INFORMATION:

Children Living with Family (Include children over 18 years of age):

Full Name	Date of Birth	Gender	Race	Relationship to Applicant
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Children Living Outside Home (Include children over 18 years of age):

Full Name	Date of Birth	Gender	Race	Relationship to Applicant
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Other Adults Living in Household:

Full Name	Date of Birth	Gender	Race	Relationship to Applicant
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Do you receive public assistance in any of the following forms, housing assistance, food assistance, disability (as the primary means of income)? If yes, please indicate which. _____

Auto Insurance information:

Company Name Policy Number Current Dates Insured Persons Vehicle

Homeowner's or Renter's Insurance:

Health Insurance:

Other Insurances (life, recreational vehicles, etc.):

Do you have pets? _____ What type? _____

Do you own firearms? _____ Where are they kept? _____

Do you have well water? _____

PROSPECTIVE APPLICANT INFORMATION:

Please describe the reason(s) you have decided to consider adoption/foster care. _____

Are there specific ages, sex, nationalities, needs that you feel would best meet your idea of a child or children you would be interested in adopting or fostering? _____

What type of child would you accept? (Circle all that Apply)

Gender:	Male	Female			
Race:	African American	Caucasian	Asian	Latino	Other
Physical challenges:	None	Minimal	Mild	Severe	
Mental challenges:	None	Minimal	Mild	Severe	
Behavioral challenges:	None	Minimal	Mild	Severe	

Have you ever applied to be an adoptive parent or have you had foster children in your home? Explain and list the agency where your home/approval study was completed.

Have you or any member of your household ever been charged with or convicted of any offense related to the abuse of children, or of violent or assaultive behavior?

Yes _____ No _____ Explain _____

Have you or any member of your household ever been charged or convicted of harassment?

Yes _____ No _____ Explain _____

Have you or any household member been arrested for any reason, even if it did not result in a conviction?

Yes _____ No _____ Explain _____

Have you or any household member ever donated money, goods or services to Children's Aid Society? If so, under what name?

Yes _____ No _____ Explain _____

We would be interested in any additional information about yourself, which you would consider pertinent in your application for a child. _____

APPLICANT SIGNATURE PAGE:

How did you become interested in our programs? (Circle all that apply.)

Family/Friends

Media

Other Adoptive or Foster Parent

Other _____

Application fee of \$100 is due for applicants pursuing adoption. There is no application fee for applicants pursuing foster care. The application fee is due with the application.

I/We attest that the above information is true and accurate.

Signature of Applicant

Date

Signature of Applicant

Date

Disclaimer

*Even though an application has been completed and filed with our agency for the Adoption and/or Foster Care Program(s), the application does not guarantee approval.

DIRECTIONS TO APPLICANT'S HOME

NAME _____

RESIDENTIAL STREET ADDRESS _____

CITY OR TOWN _____

Please give directions to your home from Clearfield. Use route numbers whenever possible.
