



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 \_\_\_\_\_

Medical Marijuana Card # (if applicable) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Educational Background:

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

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Additional Training, Courses, Certifications

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Military Service Branch                      Dates of Service                      Type of Discharge

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

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

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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 \_\_\_\_\_

Medical Marijuana Card # (if applicable) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Educational Background:

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

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Additional Training, Courses, Certifications

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Military Service Branch

Dates of Service

Type of Discharge

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**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
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\_\_\_\_\_

\_\_\_\_\_

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.

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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 \_\_\_\_\_

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

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

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

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

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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 \_\_\_\_\_

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

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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

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

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