

Monroe County Children and Youth Services
 730 Phillips Street
 Stroudsburg, PA 18360
FOSTER PARENT QUESTIONNAIRE

DEMOGRAPHIC INFORMATION

	Applicant #1	Applicant #2
Name:		
Maiden Name:		
Social Security #:		
Date of Birth:		
Race:		
Hispanic:	YES NO	YES NO
Languages spoken		

INFORMATION ABOUT THE FAMILY'S RESIDENCE

Mailing Address:	
Physical Address (if different than above):	
Development Home is Located In	
Home Telephone Number:	
Cell Phone Numbers:	
E-mail address we may contact you at:	
Length of time at the current address:	
If at the current address less than 10 years, list previous addresses.	
Number of Bedrooms:	
Number of Bathrooms:	
Community or well water?	

SCHOOL DISTRICT INFORMATION

School District:	
Elementary School	
Middle School	
High School	

CHILDREN IN THE HOME

Name	Date of Birth	Social Security #	Sex	Grade

OTHER ADULTS LIVING IN THE HOME

Name	Date of Birth	Social Security #	Relationship	Driver's License #

AUTOMOBILES

Year	Make	Model	Plate Number

PETS

Name	Type of Pet

INCOME INFORMATION

Please List any Sources of Income for Family Members.
Include Salary, SSI, Pension Payments, Support, Etc.

Source of Income	Approximate Monthly Amount

EXPENSES

	Monthly Expense		Monthly Expense
Mortgage/Rent		Home/Renter's Insurance	
Car payments		Auto Insurance	
Electric		Heat	
Telephone		Cell phone	
Cable/Satellite		Loans	
Other Info		Other Info	

Do you currently have a mortgage on your home?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you currently up to date with your mortgage or rent payments? Please provide proof of up to date mortgage or rent payments.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you had a lien in the past ten years?	<input type="checkbox"/>	Yes, _____ (date)	<input type="checkbox"/>	No
Have you filed a bankruptcy during the past ten years?	<input type="checkbox"/>	Yes, _____ (date)	<input type="checkbox"/>	No

WEAPONS AND AMMUNITION

Please list any weapons (guns, bow, arrows, hunting/fishing knives, etc.) and where they are stored in the home. Be aware that prior to home approval, all weapons and ammunition must be locked separately.

Type of Weapon/Ammunition	Location

MARITAL HISTORY

Are applicants married?	<input type="checkbox"/> YES, list date married <input type="checkbox"/> NO		
Has either applicant been married previously?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"> Applicant #1 <input type="checkbox"/> YES <input type="checkbox"/> NO </td> <td style="width: 50%; border: none; text-align: center;"> Applicant #2 <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> </table>	Applicant #1 <input type="checkbox"/> YES <input type="checkbox"/> NO	Applicant #2 <input type="checkbox"/> YES <input type="checkbox"/> NO
Applicant #1 <input type="checkbox"/> YES <input type="checkbox"/> NO	Applicant #2 <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, indicate name(s), date(s) of marriages(s), and how dissolved. If divorced, please provide divorce date or decree).			

REFERENCES

List three (3) references that know both applicants. Two of your references must live in PA and two must also be *unrelated* to you. All references *will* be contacted.

1) NAME	HOW LONG KNOWN
COMPLETE MAILING ADDRESS	TELEPHONE NUMBER
2) NAME	HOW LONG KNOWN
COMPLETE MAILING ADDRESS	TELEPHONE NUMBER
3) NAME	HOW LONG KNOWN
COMPLETE MAILING ADDRESS	TELEPHONE NUMBER

ADOPTION AND AGENCY INVOLVMENT

Have you ever adopted or applied to adopt?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Fill in below)
Have you ever fostered or applied to be a foster parent at Monroe County Children and Youth Services or at another agency?	Yes <input type="checkbox"/> No (Fill in below)
Have you ever had an open case with a Child Welfare Agency (example: Children & Youth, ACS, DYFS)?	Yes <input type="checkbox"/> No (Fill in below)

If Yes To Any of the Above Please List All the Agencies and Approximate Dates

Approximate Date / Name and address of agency:
Approximate Date / Name and address of agency:
Approximate Date / Name and address of agency:

List any qualities you may have or other experiences you have that may qualify you to be a foster parent:

CIRCLE TYPE OF CHILDREN INTERESTED IN FOSTERING

<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGES: 0-5 6-12 13/UP	SIBLINGS: <input type="checkbox"/> YES <input type="checkbox"/> NO
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By my signature below, I do give consent authorizing the county agency to obtain an advanced telephone clearance via the statewide central register of child abuse (ChildLine). Additionally, do give written consent authorizing the county agency to obtain a computer generated Criminal Clearance and FBI clearance. In addition, by signing below, I attest that the information supplied is true and correct to the best of my knowledge.

Applicant #1

Date

Applicant #2

Date