

Shannon N. Walborn  
Administrator

Claudia T. Conrad  
Fiscal Officer



**Huntingdon County, Pennsylvania**

OFFICE OF  
**CHILDREN'S SERVICES**  
COURT HOUSE ANNEX II  
412 PENN STREET  
HUNTINGDON, PENNSYLVANIA 16652

Laura A. Hardy  
Foster Care Supervisor  
Monday-Friday (8:30AM – 4:30PM):  
Phone: (814) 643-3270  
After hours and weekends:  
Phone: (814) 643-4300  
Fax number: (814) 643-7323

**RESOURCE PARENT PLACEMENT AGREEMENT**

**A. Demographics**

	APPLICANT 1	APPLICANT 2
1. Name		
2. Maiden Name (if applicable)		
3. Alias Or Other Names (if applicable)		
4. Date of Birth		
5. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
6. Social Security Number		
7. Address		
8. Mailing Address (if different)		
9. County/Township		
10. School District		
11. Home Phone Number		
12. Cell Phone Number		
13. Work Phone Number		
14. Email Address		
15. Race: <b>*This question is optional</b>	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Other/More than one race <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <u>Circle Y or N</u> <input type="checkbox"/> Black/African American    Hispanic:    Y    N	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Other/More than one race <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <u>Circle Y or N</u> <input type="checkbox"/> Black/African American    Hispanic:    Y    N

16. Marital Status	<input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> unmarried couple					
a. Date of Marriage						
b. Location of Marriage						
c. Names of children with each other	Name of Child		Date of Birth		In Home	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Marriages (Names of former Spouses)						
Date						
Date of Divorce/Death						
Names of Children from previous marriages	Name of Child	Date of Birth	In home?	Name of Child	Date of Birth	In home?
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
Who has custody of the children? Address of children?						
Names of Children from previous relationships	Name of Child	Date of Birth	In home?	Name of Child	Date of Birth	In home?
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N



			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
Who has custody of the children? Address of children?					
Others living in the household	Name	Date of Birth	Gender	Social Security Number	Relationship
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		

**B. Background Information**

	<b>APPLICANT 1</b>		<b>APPLICANT 1</b>	
1. Name of High School				
2. Highest level of Education completed				
3. Other Schooling/Training				
4. Name of Other Schooling/Training				
5. Veteran?	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
a. Branch of Service				
b. Highest Rank Achieved				
c. Dates of Service	<b>From:</b>	<b>To:</b>	<b>From:</b>	<b>To:</b>

d. Type of Discharge		
e. If Less Than Honorable explain circumstances	_____	_____
	_____	_____
	_____	_____

**C. Employment Information**

	APPLICANT 1	APPLICANT 2
Name of Employer (most current)		
Address of Company		
Start Date (month/year)		
End Date (month/year)		
Occupation/Title		
Description of Job	_____	_____
	_____	_____
	_____	_____
Working hours		
Starting Salary		
Reason for Leaving		
Present Salary		
Pay Period	<input type="checkbox"/> yearly <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> Other:	<input type="checkbox"/> yearly <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> Other:
Name of Employer (Previous)		
Address of Company		



Start Date (month/year)		
End Date (month/year)		
Occupation/Title		
Description of Job		
Working hours		
Starting Salary		
Reason for Leaving		
Ending Salary		
Pay Period	<input type="checkbox"/> yearly <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> Other:	<input type="checkbox"/> yearly <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> Other:

**D. Household Background**

	APPLICANT 1	APPLICANT 2
1) Has anyone in your household ever been convicted of a crime? <i>If other than applicant, list household member's name(s):</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain. _____ _____ _____	
2) Has anyone in your household ever been a party in a Protection From Abuse petition and/or Court Order? <i>If other than applicant, list household member's name(s):</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain. _____ _____ _____	

<p>3) Has anyone in your household ever been involved in any civil proceeding in any court? <i>If other than applicant, list household member's name(s):</i></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No If Yes, please explain.</p> <hr/> <hr/> <hr/>
<p>4) Has anyone in your household filed for bankruptcy in the last ten years? <i>If other than applicant, list household member's name(s):</i></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No If Yes, please explain.</p> <hr/> <hr/> <hr/>
<p>5) Please list serious illnesses/ medical conditions that you or your children have had: <i>If other than applicant, list household member's name(s):</i></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No If Yes, please explain.</p> <hr/> <hr/> <hr/>
<p>6) Has anyone in the household ever received psychiatric care? <i>If other than applicant, list household member's name(s):</i></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No If Yes, please explain.</p> <hr/> <hr/> <hr/>
<p>7) Has anyone in the household received treatment for substance abuse? <i>If other than applicant, list household member's name(s):</i></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No If Yes, please explain.</p> <hr/> <hr/> <hr/>



**E. PLEASE LIST PREVIOUS ADDRESS FOR THE LAST TEN YEARS:** *(attach additional sheets if necessary)*

	APPLICANT 1	APPLICANT 2
1.		
2.		
3.		
4.		
5.		
6.		
7.		

**F. Home and Safety Information**

1. Type of Residence:  Apartment  Townhouse  House  Duplex  Mobile Home

2. Type of Neighborhood:  Rural  Urban  Suburban

3. Do you?  Own  Rent  Other—please explain: \_\_\_\_\_

4. Total number of rooms: \_\_\_\_\_ Living Room \_\_\_\_\_ Kitchen \_\_\_\_\_ Bathroom(s)  
 \_\_\_\_\_ Bedroom(s) \_\_\_\_\_ Dining Room \_\_\_\_\_ Recreational Room \_\_\_\_\_ Other

5. What would be the sleeping arrangements for a foster child? (Indicate the name and age with whom a bedroom would be shared if that applies)

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6. Does your home have (check all that apply):

- At least one flushing toilet  A telephone that works  A working heating system
- At least one wash basin with hot and cold running water  Shower or bath with hot and cold running water



**G. Agency Information**

1. Why do you wish to care for a foster child?

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2. What ages, gender, and number of children do you wish to provide foster care services for?

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3. Have you ever been approved to be a foster parent by another agency?  Yes  No

If Yes, identify the agency and the dates you were approved with this agency? \_\_\_\_\_

4. Have you ever applied to be a foster parent by another agency?  Yes  No

If Yes, identify the agency and what was the outcome with your application?

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5. Are you willing to engage and communicate with the biological parents of the child(ren) you may foster?  Yes  No

4. Are you willing to attend no less than 6 hours of foster parent training annually offered by the Agency?  Yes  No

5. How did you hear about HCCS Foster Care Services?

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**Please provide references. Three of them must be non-related to applicant. The Agency will contact each reference provided.**

	APPLICANT 1	APPLICANT 2
1.	Name: _____ Relationship to applicant: _____ Years known: _____ Address: _____ Phone number: _____ Email address: _____	Name: _____ Relationship to applicant: _____ Years known: _____ Address: _____ Phone number: _____ Email address: _____
2.	Name: _____ Relationship to applicant: _____ Years known: _____ Address: _____ Phone number: _____ Email address: _____	Name: _____ Relationship to applicant: _____ Years known: _____ Address: _____ Phone number: _____ Email address: _____
3.	Name: _____ Relationship to applicant: _____ Years known: _____ Address: _____ Phone number: _____ Email address: _____	Name: _____ Relationship to applicant: _____ Years known: _____ Address: _____ Phone number: _____ Email address: _____

**Date Application Received:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Send/Fax Application to:**      **Attn: Laura Hardy**  
   **Huntingdon County Children’s Services**  
   **430 Penn St.**  
   **Huntingdon, PA 16652**  
   **Fax: (814) 643-7323**