



# WESLEY SPECTRUM

Placement Services  
221 Penn Avenue  
Wilkinsburg, PA 15221  
Phone: 412-342-2300  
Fax: (412) 247-6398

## WESLEY SPECTRUM SERVICES RESOURCE PARENT APPLICATION

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Applicant's Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Owner: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Owner: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Former Addresses for the past ten years (attach page if additional):

Street	City	State	Zip	Time Frame
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Children (under age 18):

Name	Gender	Birth Date	If older than 14, Social Security No.	Grade	At Home?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do any children residing in your home have special needs? Yes ( ) No ( )

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

### Others Adults or Children 18 and Older in the Home:

Name	Birth Date	Social Security No.	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Total Number of Occupants in your home: \_\_\_\_\_

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## PARENT 1

Name (First, Middle, Last): \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Sec. No.: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Race: \_\_\_\_\_

Current Marital Status: \_\_\_\_\_

Were you previously married? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Information concerning previous spouses:

Name:	How did marriage terminate?	Date of termination
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_____	_____	_____
_____	_____	_____
_____	_____	_____

## Education

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Other: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

## Military Service:

Branch of Service: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

## Employment History

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Yearly Income: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Can you be contacted at work? \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Yearly Income: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Yearly Income: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

*\*\*Please list previous employment for the past five years. Attach additional paper if necessary.*

## Parent 1 Questionnaire

**1. Why do you want to be a resource parent?**

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**2. Briefly describe the child you visualize as fitting into your family (include age, gender, and behavior).**

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**3. What behaviors could a child demonstrate that would not be acceptable in your home?**

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- 4. What childhood values or family traditions would you like to pass on to a child in your care and why?**

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- 5. What attributes do you possess that will help you to successfully parent a child who has experienced emotional or physical trauma?**

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- 6. What forms of discipline have you used or believe to be appropriate to correct negative behaviors in children?**

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- 7. How are differences settled in your home?**

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- 8. List any specialized training or life/work experiences that you have that may help you care for a foster/adoptive child.**

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## PARENT 2

Name (First, Middle, Last): \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Sec. No.: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Race: \_\_\_\_\_

Current Marital Status: \_\_\_\_\_

Were you previously married? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Information concerning previous spouses:

Name:	How did marriage terminate?	Date of termination
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_____	_____	_____
_____	_____	_____
_____	_____	_____

## Education

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Other: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

## Military Service:

Branch of Service: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

## Employment History

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Yearly Income: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Can you be contacted at work? \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Yearly Income: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Yearly Income: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

*\*\*Please list previous employment for the past five years. Attach additional paper if necessary.*

## Parent 2 Questionnaire

**1. Why do you want to be a resource parent?**

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**2. Briefly describe the child you visualize fitting into your family (include age, gender, and behavior).**

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**3. What behaviors could a child demonstrate that would not be acceptable in your home?**

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**4. What childhood values or family traditions would you like to pass on to a child in your care and why?**

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**5. What attributes do you possess that will help you to successfully parent a child who has experienced emotional or physical trauma?**

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**6. What forms of discipline have you used or believe to be appropriate to correct negative behaviors in children?**

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**7. How are differences settled in your home?**

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**8. List any specialized training or life/work experiences that you have that may help you care for a foster/adoptive child.**

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## FAMILY QUESTIONNAIRE

1. If you are a parent, describe your children's strengths and challenges.

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2. List the family activities your family enjoys together.

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3. Would you and your family be open to the involvement of counseling or other professional services if your foster/adoptive child needed special help?

Yes ( ) No ( ) If no, please explain.

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4. Has any member of your household ever been in foster care? Yes ( ) No ( )

If yes, please explain.

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5. Do you have any close friends or relatives who are resource parents? \_\_\_\_\_

If yes, what is their relationship to you?

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6. How did you become aware of Wesley Spectrum Services?

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## Living Arrangements

How long have you lived at your present address? \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_

Total number of rooms in the home: \_\_\_\_ Number of bedrooms: \_\_\_\_\_

Do you have homeowner's or renter's insurance? Yes ( ) No ( )

## Pets

Name	Breed	Age	Are shots current?
_____	_____	_____	Yes ( ) No ( )
_____	_____	_____	Yes ( ) No ( )
_____	_____	_____	Yes ( ) No ( )
_____	_____	_____	Yes ( ) No ( )

Do you have a swimming pool? Yes ( ) No ( )

If yes, how would you provide for a child's safety?

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Are there firearms in your home? Yes ( ) No ( )

If yes, where are they kept and how would you provide for a child's safety?

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## Directions to your home

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**PERSONAL INFORMATION**

**Previous Experience:**

**Have you previously applied or been licensed as a foster home in the past? Yes ( ) No ( )**

**If yes, please list the agencies:**

<b>Name of Agency</b>	<b>Dates of Involvement</b>	<b>City</b>
_____	_____	_____
_____	_____	_____

**Criminal Background Information:**

**Has any household member been arrested or convicted of a crime? Yes ( ) No ( )**

**If yes, please explain the nature of the arrest, dates of occurrences, disposition, etc.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Did the person receive and successfully complete probation? Yes ( ) No ( )**

**Indicate the name of the county and probation officer: \_\_\_\_\_**

**Has any household member been arrested or convicted of an offense related to drugs and/or alcohol? Yes ( ) No ( )**

**If yes, please explain the nature of the arrest, dates of occurrences, disposition, etc.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Did the person receive and successfully complete probation? Yes ( ) No ( )**

**Indicate the name of the county and probation officer: \_\_\_\_\_**

**Has any household member had any drug and/or alcohol related treatment or hospitalizations? Yes ( ) No ( )**

**If yes, please indicate dates, treatment facilities, etc.**

\_\_\_\_\_

\_\_\_\_\_

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**Other Agency/Civil-Family Court Actions:**

**Has any household member had any previous involvement with any County Children and Youth Agency, the Juvenile Probation, Social Service Agency or private agency? Yes ( ) No ( )**

**If yes, please explain:**

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**List any Protection From Abuse (PFA) orders filed by or against you or any household member (include date, county of jurisdiction, participants and circumstances).**

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**Indicate any proceedings you or any household member were involved in through Family Court, for example, custody, divorce, support, and domestic violence, etc (including date, county of jurisdiction, participants and circumstances).**

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## REFERENCES

Please list four to six references. List people who have known you a minimum of five years. Only one relative can be used as a reference.

Mr. \_\_\_\_\_  
 Ms. \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Mr. \_\_\_\_\_  
 Ms. \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Mr. \_\_\_\_\_  
 Ms. \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Mr. \_\_\_\_\_  
 Ms. \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Mr. \_\_\_\_\_  
 Ms. \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Mr. \_\_\_\_\_  
 Ms. \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

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The information presented in this application is true and accurate, to the best of my knowledge. Any misrepresentation would be grounds for exclusion from foster and/or adoptive parenting. I also give my permission for this agency to perform routine background checks on my behalf. It is understood that information obtained as a result of this investigation will remain confidential. I understand that material will be shared with the State Wide Adoption and Permanency Network in the cases where adoption is possibly anticipated.

\_\_\_\_\_  
(Signature/Applicant) \_\_\_\_\_ Date

\_\_\_\_\_  
(Signature/Applicant) \_\_\_\_\_ Date

For Office Use Only
Date Application Mailed: _____
Date Application Received: _____
Reviewed by: _____
Assigned to: _____
Supplemental Materials Mailed: <ul style="list-style-type: none"><li>○ Act 33/34 clearances</li><li>○ FBI Fingerprint instructions</li><li>○ Enhanced criminal background checks</li><li>○ Training manual</li><li>○ Physical forms</li></ul>