



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

WESLEY FAMILY SERVICES RESOURCE PARENT APPLICATION

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: _____

WESLEY FAMILY SERVICES RESOURCE PARENT APPLICATION

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

WESLEY FAMILY SERVICES RESOURCE PARENT APPLICATION

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

WESLEY FAMILY SERVICES RESOURCE PARENT APPLICATION

FAMILY QUESTIONNAIRE

1. If you are a parent, describe your children's strengths and challenges.
2. List the family activities your family enjoys together.
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.
4. Has any member of your household ever been in foster care? Yes () No () If yes, please explain.
5. Do you have any close friends or relatives who are resource parents? _____
If yes, what is their relationship to you?
6. How did you become aware of Wesley Family Services?

WESLEY FAMILY SERVICES RESOURCE PARENT APPLICATION

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 ()

Is it enclosed with a fence? Yes () No ()

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

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

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

Directions to your home

WESLEY FAMILY SERVICES RESOURCE PARENT APPLICATION

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:

Name of Agency	Dates of Involvement	City
_____	_____	_____
_____	_____	_____

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.

WESLEY FAMILY SERVICES RESOURCE PARENT APPLICATION

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:

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

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).

WESLEY FAMILY SERVICES RESOURCE PARENT APPLICATION

REFERENCES

Please list 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: _____

Email: _____

Mr. _____
 Ms. _____

Address: _____

Phone #: _____

Relationship: _____

Email: _____

Mr. _____
 Ms. _____

Address: _____

Phone #: _____

Relationship: _____

Email: _____

Mr. _____
 Ms. _____

Address: _____

Phone #: _____

Relationship: _____

Email: _____

Mr. _____
 Ms. _____

Address: _____

Phone #: _____

Relationship: _____

Email: _____

Mr. _____
 Ms. _____

Address: _____

Phone #: _____

Relationship: _____

Email: _____

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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">○ Act 33/34 clearances○ FBI Fingerprint instructions○ Enhanced criminal background checks○ Training manual○ Physical forms