

KINSHIP CAREGIVER/RESOURCE FAMILY APPLICATION AND AUTOBIOGRAPHY

NAME: _____ DATE: _____

I. DEMOGRAPHICS

Directions to your home: Please give directions to your home from downtown Philadelphia. Whenever possible, use street names, landmarks, and any other specific details.

Members of your household: Please list the names and ages of ALL of the people that currently reside in your home. This includes foster children and all adults over 18 who reside in your home.

Do you have any pets? Yes No Name: _____
If yes, what kind?

II. WHO ARE YOU?(Personal History)

Name: _____

Date of birth: _____

Place of birth:(city & state) _____

Race: _____

PHYSICAL DESCRIPTION

Height: _____

Weight (approximate): _____

Eye color: _____

Hair color: _____

Complexion: _____

PERSONALITY

Please list five words that describe your personality.

a. _____

b. _____

c. _____

d. _____

e. _____

YOUR UPBRINGING

Father/Male guardian's name: _____

Age: _____

Occupation: _____

Mother/Female guardian's name: _____

Age: _____

Occupation: _____

What was their marital status while you were growing up?(for example: married, single, divorced, widowed, or live-in) _____

Describe their parenting style?(strict, easy going, fair...)

How were you praised or encouraged?

How were you punished/disciplined and for what reasons?

How did you get along with your parents while you were growing up? (What kind of activities did you do together?)

How do you get along with your parents now?

If your parent(s) is (are) deceased, please indicate date and cause of death.

If you could choose one person who had the biggest impact on your life, who would it be and why?

Please share one of your greatest achievements or happiest moments.

Please share one of your greatest disappointments.

What activities do you enjoy doing alone?

What activities do you enjoy doing as a family?

What activities does/do your kinship child/children enjoy?

II. BROTHERS AND SISTERS

In order of birth, please list the name, sex, age, marital status, city of residence, number of children, and current job of all of your brothers and sisters (use back of page if necessary).

| Name | Sex | Age | Marital Status | City | # of Children | Current Job |
|------|-----|-----|----------------|------|---------------|-------------|
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |

If any of your brothers and sisters are deceased, please indicate date and cause of death.

How did you get along with your brothers and sisters while you were growing up? (What activities did you enjoy doing together?)

How do you get along with your brothers and sisters now?

III. EDUCATION AND EMPLOYMENT HISTORY

General Information

Do you have any education or training or personal experience related to working with foster children or the child welfare system?

High School

Did you complete high school? Yes No if yes, what year did you graduate? _____

Name of high school: _____

School district of high school: _____

Last grade completed: _____

If you did not complete high school, please share why. _____

Please share any outstanding school memories, positive or negative.

GED Information

If you did not complete high school, did you complete a GED program? Yes No

If yes, what year did you complete it? _____

College/Higher Education Information

Did you attend college? Yes No if yes, what college did you attend? _____

Did you graduate from college? Yes No if yes, what year did you graduate? _____

Major: _____ Degree: _____

Did you attend a Business or Trade School, etc? Yes No

If yes, name the one you attended _____

Year completed: _____

Major: _____ Degree: _____

Please list your employment for the last five years, beginning with your present employer (use back of page if necessary).

| | |
|--------------------------|--|
| Present employer: | |
| Address: | |
| Position: | |
| Dates of employment: | |
| Work phone: | |
| Yearly income: | |
| Other sources of income: | |
| Previous employer: | |

| | |
|--------------------------|--|
| Address: | |
| Position: | |
| Dates of employment: | |
| Work phone: | |
| Yearly income: | |
| Other sources of income: | |
| Previous employer: | |
| Address: | |
| Position: | |
| Dates of employment: | |
| Work phone: | |
| Yearly income: | |
| Other sources of income: | |
| Previous employer: | |
| Address: | |
| Position: | |
| Dates of employment: | |
| Work phone: | |
| Yearly income: | |
| Other sources of income: | |

IV. MARRIAGE/DIVORCE

What is your current marital status? _____

If you are married, or in a committed relationship, how did you meet your spouse? _____

What are the strengths of your marriage? _____

What areas could use strengthening? _____

Do you have children with your present spouse/significant other? Yes No

If yes, please list their names and ages: _____

Have you ever been married before? Yes No

If so, how many times? _____

Name of previous spouse: _____

Married from: _____ Until: _____

Reason why you are no longer together: _____

Did you have children together? Yes No

If so, please list their names and ages: _____

Name of previous spouse: _____

Married from: _____ Until: _____

Reason why you are no longer together: _____

Did you have children together? Yes No

If so, please list their names and ages: _____

Do you have children from another relationship? Yes No

If so, please list their names and ages: _____

V. DESCRIPTION OF CHILDREN

Please describe your children one at a time. Attach additional sheets if necessary.

Name: _____

Age: _____

City: _____

Marital status: _____

Occupation (if applicable): _____

Number of children: _____

In your own words, please describe this child's personality and how you get along with him/her:

Name: _____

Age: _____

City: _____

Marital status: _____

Occupation (if applicable): _____

Number of children: _____

In your own words, please describe this child's personality and how you get along with him/her:

Name: _____

Age: _____

City: _____

Marital status: _____

Occupation (if applicable): _____

Number of children: _____

In your own words, please describe this child's personality and how you get along with him/her:

VI. PARENTING STYLE

How would you describe your parenting style?

Who is the primary disciplinarian?

Please describe positive interactions with your child/children, as well as negative consequences:

Please list acceptable and unacceptable behaviors in a child:

How is your parenting style similar to or different than that of your parents?

VII. KINSHIP ISSUES/REASONS FOR PROVIDING KINSHIP CARE

What are your reasons for providing kinship care?

Have you provided foster parenting services in the past? Yes No

If yes, Please name the agency that you provided services through: _____

How many children have you foster parented? _____

What type of children did you foster parent, i.e., special needs, behavior problems, etc.

What number and characteristics of children are best suited for your family? _____

VIII. FAMILY DYNAMICS

How would you describe the relationship between you and your spouse/significant other?

How would you describe the relationship between you and your children?

How do your children feel about having your kinship child in the home?

In general, does your family support your decision to provide kinship care?

How would you describe the relationship between you and your kinship child?

How would you describe the relationship between you and the birth parents of your kinship child?

IX. DESCRIPTION OF HOME AND COMMUNITY

What type of home do you live in?

house apartment mobile home townhouse/condominium

Please list the number of rooms in your home (for example: 3 bedrooms, living room, 2 baths, kitchen, etc.):

Where does the child(ren) sleep within your home? _____

What is your relationship with your neighbors?

Name the School District where you reside: _____

Please list the public schools that the children in your neighborhood attend:

Elementary: _____

Middle School: _____

High School: _____

Where do children in your neighborhood play? _____

What is the nearest shopping center/mall? _____

What is the nearest hospital? _____

What is the nearest public transportation? _____

Please list your previous addresses for the last ten (10) years:

X. RELIGION

What is your religious denomination/affiliation? _____

Where do you worship? _____

How often do you attend your place of worship? _____

Will your kinship child be attending with you? _____

List any other religious activities that you participate in: _____

Is the child in your care the same religion as you? Yes No

If no, what religion is the child? _____

Do you have a plan to allow the child to engage in their religion? _____

XI. Additional required information

Have you filed a protection from abuse (PFA) from your spouse or significant other? Yes No

If yes, please note the date and the circumstances _____

Has your spouse or significant other filed a protection from abuse (PFA) order against you? Yes No

If yes, please note the date and the circumstances _____

Please provide details of any court proceedings that you have brought in family court, or that have been brought against you in family court.

XII. Evidence of Financial stability

FAMILY / ADOPTIVE FAMILY FINANCIAL STATEMENT

Family Name: _____

POC # _____

- Please attach a copy of your most recent W-2 form for wage verification.

| | Primary Caregiver | Secondary Caregiver |
|-----------------------------|-------------------|---------------------|
| Social Security Number | | |
| Name of Employer | | |
| Address of Employer | | |
| Job Title | | |
| Current Yearly Gross Income | | |

| | | |
|--------------------|----------|----------------------------|
| Other Income | \$ _____ | (source): _____ |
| Monthly Net Income | \$ _____ | ** (Take home pay) |
| Total Savings | \$ _____ | (Bank, Credit Union, etc.) |
| Total Debts | \$ _____ | (not including mortgage) |

APPROXIMATE MONTHLY LIVING EXPENSES

| | | |
|---------------------------------------|-----------------------|----------------------------------|
| Food Expenses | \$ _____ | |
| Utilities | \$ _____ | |
| Work Expenses | \$ _____ | (cab fare, lunches) |
| Medical Expenses | \$ _____ | (dental, optical, prescriptions) |
| Clothing | \$ _____ | |
| Household Expenses | \$ _____ | (repairs, maintenance) |
| Laundry, Dry Cleaning | \$ _____ | |
| XIII. Total Insurance Payments | \$ _____ => | (A) \$ _____ |

MONTHLY INSURANCE PAYMENTS

| | | COMPANY NAME AND AMOUNT OF POLICY |
|-----------|----------|-----------------------------------|
| Life | \$ _____ | |
| Medical | \$ _____ | |
| Mortgage | \$ _____ | |
| Household | \$ _____ | |
| Liability | \$ _____ | |

| | | |
|---------------------------------------|-----------------------|---------------------|
| XIII. Total Insurance Payments | \$ _____ => | (B) \$ _____ |
|---------------------------------------|-----------------------|---------------------|

AVERAGE MONTHLY CAR EXPENSES

| | | |
|-------------|----------|--|
| Payments | \$ _____ | |
| Fuel | \$ _____ | |
| Maintenance | \$ _____ | |

| | | |
|--------------------------------|-----------------------|---------------------|
| XIV. Total Car Expenses | \$ _____ => | (C) \$ _____ |
|--------------------------------|-----------------------|---------------------|

AVERAGE MONTHLY OTHER EXPENSES

| | | |
|--------------------------|----------|---------------------------------------|
| Loan and Credit Payments | \$ _____ | |
| Entertainment | \$ _____ | |
| Miscellaneous | \$ _____ | (gifts, subscriptions, contributions) |
| Monthly Savings | \$ _____ | |
| Other | \$ _____ | |

| | | |
|---------------------------------|-----------------------|---------------------|
| XV. Total Other Expenses | \$ _____ => | (D) \$ _____ |
|---------------------------------|-----------------------|---------------------|

**Take home pay (from above) (1) \$ _____

Total Monthly Expenses (A + B + C + D) (2) \$ _____

Total Net Worth (Balance) (3) \$ _____

What resources are available in the event of unexpected illness, unemployment or other emergency?

| | |
|---|--|
| 1. Medical Insurance | |
| 2. Pension Plan | |
| 3. Life / Disability Insurance | |
| 4. Fire and Liability Insurance(amount of policy and company) | |
| 5. Relative (either caretaking or financial help) | |

Have you had a lien filed against you within the past ten years? Yes No

Have you filed for bankruptcy in the last ten years? Yes No

The information presented in this application is true and accurate to the best of my knowledge. Any misrepresentation would be grounds for exclusion from providing kinship care. 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 Network in those cases where adoption is anticipated.

Kinship Caregiver Signature

Date

Kinship Caregiver Signature

Date

THANK-YOU FOR COMPLETING THIS APPLICATION/AUTOBIOGRAPHY. WE APPRECIATE THE TIME YOU HAVE SPENT ON YOUR ANSWERS.