

Appendix 1

**DISCLOSURE STATEMENT
For
RESOURCE PARENTS**

I, _____ the resource parent applicant, understand that pursuant to 23 Pa. C.S. §§6301-6385 known as the Child Protective Services Law (CPSL) the entity to which I have applied as a resource parent or by which I am approved as a resource parent must obtain information to conduct a background check. I understand that I am responsible to provide accurate information about myself and anyone residing in my home to the entity listed above including specific changes enumerated below for each individual 14 years of age and older who resides in my home.

The reviewing and approving agency shall access_ and review criminal history record information (CHRI), child abuse history certifications for all household members 14 years of age and older and all other required information and shall make a determination whether or not to approve any resource family home based on such information. By signing this statement, I am authorizing the agency to obtain CHRI and child abuse history information about myself and any child under 18 years old residing in the household for whom I am the parent or legal guardian.

Names of children:

_____	_____
_____	_____
_____	_____

I further authorize the reviewing and approving agency to review my credit history for the purpose of determining my financial stability, including current liens and bankruptcy findings in the last ten years.

I further authorize the Department of Human Services to release to the reviewing and approving foster care or adoption agency any information about Philadelphia Family Court Dependency Division proceedings and child protective services and general protective services investigations pertaining to me, to determine my eligibility as a resource parent.

I further authorize any other county children and youth agency or foster family care agency to release to the reviewing or approving foster care or adoption agency any information pertaining to me, to determine my eligibility as a resource parent.

I further authorize the Philadelphia Family Court Domestic Relations Division to release to the Department of Human Services any information about Domestic Relations Division proceedings pertaining to me, including Protection from Abuse or other Family Court Proceedings, to determine my eligibility as a resource parent. I further authorize the Department of Human Services to release the abovementioned information to any family foster care agency designated to work with me.

This authorization shall be valid for one year from the date of its execution.

Name:	_____	D.O.B.:	__ __	SSN:	__ __
Aliases:	_____	_____	_____	_____	_____
Address:	_____	_____	_____	_____	_____

- I have not been convicted of any of the following crimes or the attempt, solicitation or conspiracy to commit any of the following crimes including those under Title 18 of the Pennsylvania Consolidated Statutes ("Crimes Code") or equivalent crime in another jurisdiction.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of a child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902 (b)	(relating to prostitution and related offenses)
Section 5903 (c)(d)	(relating to obscene and other sexual materials and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children); or an equivalent crime under federal law or the law of another state.

- I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug, device and cosmetic act) committed within the past five years.

- I have not been convicted of or am currently under pending indictment for any crime.
OR

- I have been convicted of or am under pending indictment for a crime. Please list; include the dates, location or jurisdiction, circumstances and outcome of any crime. Use additional pages if needed.

- I have not been the perpetrator of any report of child abuse that has been indicated or founded.

- I have not been the perpetrator of any report of student abuse that has been indicated or founded.

- I agree to report any changes of information in criminal history record information or child abuse history about myself or anyone 18 years of age and older who resides in my home, within 48 hours in accordance with The Child Protective Services Law.

- I agree to report any change in household composition within 30 days in accordance with The Child Protective Services Law.

- I understand that if I knowingly fail to provide the required information, I will be disapproved as a resource parent and children placed in my home will be immediately removed without a hearing.

I have provided or shall provide accurate information relating to the following:

- Previous addresses within the last ten years.

- Composition of the residential family unit.

- Protection from Abuse Orders filed by or against either myself or co-applicant.

- Details of any proceedings in Family Court.

- Drug or alcohol related arrests, whether criminal charges or judicial proceedings are pending and convictions or hospitalizations within the last ten years.

- Evidence of financial stability including income verification, employment history, current liens and bankruptcies within the last ten years.
- Number and age of foster children and other dependents currently placed in the home.
- Detailed information about children with special needs currently living in the home.
- Previous history as a foster or adoptive parent including number and types of children served.
- Related education, training, or personal experience working with foster children or the child welfare system.

I hereby swear and affirm that the information I provided as is listed above is true and correct to the best of my knowledge and belief. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the "Crimes Code."

Failure to provide accurate information could also impact the approval of my application to be a resource parent or re-approval of my home.

Resource Parent

Name: _____

Signature: _____

Date: ____ - ____ - ____

Witnessed by:
DHS or Provider
Social Worker

Name: _____

Signature: _____

Date: ____ - ____ - ____

DHS hereby certifies that the witness named above is an employee of DHS or of a licensed private agency that has a contract with DHS to provide services.

DHS Liaison Unit
Social Worker

Name: _____

Title: _____

Signature: _____

Date: ____ - ____ - ____

IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO COMPLETE THIS FORM, CONTACT **THE** ADA COORDINATOR AT (215) 683-6059 or (215) 683-6100 (V, TTY)