



PERSONAL INFORMATION

APPLICANT'S NAME: _____

NOTE: IF A MARRIED OR COHABITATING, BOTH INDIVIDUALS NEED TO ANSWER QUESTIONS.

1) Where you (and your spouse/partner) born?

2) Occupation and work schedule (previous occupation if stay at home parent)

3) Aside from you and the co-applicant what other household members and DOB?

4) How many are 18 years old or older?

5) What elementary, high school trade and college did you (both) attend? List enrollment year

Name (You/Co-applicant)	Elementary/year	High School/year	Trade/college/year

6) Residences for past 10 years

7) How many bedrooms and who sleeps in which rooms (current residence)

8) What type of car, make and model and year

9) Who is your car insurance carrier, your home owners insurance carrier? If you have life insurance, who is that carrier. (Give your worker copies of all insurance policy and expiration dates)

Auto(s) _____

Home or apartment _____

Insurance carrier for Life Insurance _____

Your medical care insurer(s) _____

10) What is your annual income (Give your worker copies of your checks/W2

1# _____ 2# _____

11) How much do you receive per month for each child in your home?

Name	Amount

12) Have you ever filed bankruptcy? _____

13) Where does your family receive their medical care/name address contact number?

Family Member Name	Medical Facility	Address and number	Date of last physical



- 14) Do you have a record of each family member's most recent medical, including yours? Yes____ No____
- 15) If you answered No, please call your and your family medical provider and receive a copy of each person's medical within a week. Let your adoption worker know when you have completed this.
- 12) Agency where you receive training?_____
- 13) Do you have, or can you acquire your training certificates or list? Yes_____ Not sure_____
- 14) Caseworker's Name_____ Contact number_____

I verify that the information provided in this document is true and correct. I understand that this document is to be used for information gathering purposes only and will not be used to discriminate against my family in anyway.

Applicant Signature

Date

Applicant Signature

Date



FAMILY PROFILE AUTHORIZATION AGREEMENT

I/We _____ and _____ by signing this
(Prospective Adoptive Parent) *(Prospective Adoptive Parent)*
agreement, acknowledge that I/we am aware of and agree with the following:

- That _____ has provided me/us with an
(Affiliate Agency)
orientation to special-needs adoption, to the affiliate's policies and procedures as they relate to special-needs adoption, and with the Pennsylvania Statewide Adoption and Permanency Network's (SWAN) policies.
- That I/we am/are interested in adopting a SWAN child and will cooperate with the affiliate agency in the completion of my/our Family Profile.
- That I/we am/are aware that completing the Family Profile and any other services performed by the affiliate agency in support of an adoption through SWAN shall be performed at no charge to me/us.
- I/we am/are aware that should I/we desire to use my Family Profile to adopt a child, other than a SWAN child, I/we need to purchase the profile at a cost of \$2,500.
- That if I/we choose to adopt a child from another state's foster care system, I/(we) will reimburse the SWAN affiliate agency for the SWAN-paid family profile at a cost of no more than \$2,500. The Department of Human Services is the sole entity that may authorize the release of any SWAN-paid family profile to another state prior to an affiliate agency receiving payment from the family.
- That I/we am/are aware that the Family Profile will be released to another agency conducting subsequent family profile work if I/we choose to work with another SWAN affiliate agency.
- That I/we am/are aware that the Family Profile will be released to county agencies (i.e., those agencies with custody of available SWAN children) to assist them in making a decision regarding my/our ability to meet the needs of available children.

Prospective Adoptive Parent signature

Date

Prospective Adoptive Parent signature

Date

Affiliate Representative signature

Date



Policy Clarification for SWAN Affiliate Agencies

Pennsylvania has a repayment plan for families who request that their SWAN-paid approved family profiles be forwarded to another state for the purpose of adopting a child from that state's foster care system.

The Department of Human Services, DHS, is the sole entity that may authorize the release of any SWAN-paid approved family profile to another state prior to an affiliate agency receiving payment from the family.

SWAN affiliate agencies must notify DHS' designee when another state or a family with a SWAN-paid approved family profile requests that the profile be forwarded for the purpose of adopting a child from that state's foster care system. SWAN affiliate agencies must provide DHS' designee with the name of the Pennsylvania family, the name of the child and the complete contact information for the other state liaison.

The DHS designee will track and record these official requests from other states that are considering a Pennsylvania family with a SWAN-paid approved family profile.

The expectation is that when the Pennsylvania family is selected by the other state, the cost of the family profile (up to a maximum of \$2,500) will be reimbursed to the SWAN affiliate agency who then will reimburse the SWAN prime contractor.

The family's repayment plan may be postponed until after the adoption assistance agreement is arranged with the state that has custody of the child. Families may negotiate with other states to receive the maximum of \$2,000 in the nonrecurring costs portion of the federally reimbursable adoption assistance agreement. These funds may then be used to repay the SWAN affiliate agency for the SWAN-paid family profile. Families may also arrange for the other state to pay directly the SWAN affiliate agency on their behalf.

SWAN affiliate agencies must return the full amount of funds received from the family for the SWAN-paid Family Profile to the SWAN prime contractor. The SWAN prime contractor will indicate to DHS the funds received by family name.

The SWAN prime contractor will not authorize or pay for updates to existing approved Family Profiles to be used solely for the purpose of adopting children other than those children in the custody of a Pennsylvania county children and youth agency.

Questions about the handling of requests for family profiles from other states should be directed to SWAN coordinators.

Application continues on following page...



Affidavit of Willingness to Assume Responsibility

I/We, _____, agree to become legal custodian(s) and accept full
(Secondary Guardian Name/s)
responsibility for: _____
born _____, upon the untimely death or incapacitation of his/her/their prospective adoptive
parent(s): _____.

(Secondary Guardian Name/s)

(Address)

My/Our signing this affidavit constitutes that I am/we are in full agreement with the wishes of the family and will to the best of my/our abilities provide medical, educational, and/or religious training to the child(ren).

I/We understand that this is not a legally binding document, and that I/we can change my/our mind/s. I further understand that while the subsidy is not automatically transferrable, the child remains eligible for federal adoption assistance according to the Adoption and Safe Families Act of 1997.

(Secondary Guardian's Name)

(Address)

(Secondary Guardian's Signature)

(Date)

(Witness)

(Date)

Sworn to and subscribed before me
this ___ day of _____.

Notary Public

APPLICATION CONTINUES ON FOLLOWING PAGES....

6. If you needed someone to watch your child for several days, would you allow the applicant to do so? If so, what experience do you have with them that causes you to trust them.
7. Are you aware of any excessive alcohol use, drug abuse or violence that exists inside the applicant's home?

Unless you indicate otherwise, this information will be included in the Resource Parent Approval Document/Family Profile. Please contact the adoptive applicant's Adoptions/Permanency Worker with any questions or concerns regarding the questionnaire or use of the information provided.

Print Name #1

Print Name #2

Signature #1

Signature #2

Address City State/Zip Code

Telephone

Date

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Print Name #1

Print Name #2

Signature #1

Signature #2

Address

City

State/Zip Code

Telephone

Date



**CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE**

I _____ (Applicant's Name) hereby authorize the Department of Public Welfare, Childline to release my Pennsylvania Child Abuse History Clearance directly to New Promise Children and Family Services.

I understand that this information is confidential in nature pursuant to 56340 (relating to information in confidential reports) of the Child Protective Service Laws (CPSL) (23 Pa. C.S. Chapter 63) and will not otherwise be released by the New Promise Children and Family Services without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code. I understand that the aforementioned information will not be released directly to

me _____ (Applicant's Name) as stated in the Pennsylvania Child Abuse History Clearance application.

I understand that I will not receive a copy of my Pennsylvania Child Abuse History Clearance application directly from Child Line; however, I may request a copy of my Pennsylvania Child Abuse History Clearance from the New Promise Children and Family Services upon written request.

I have read this Consent/Release of information Authorization form and fully understand and agree to its consent. I further understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Clearance application as it otherwise relates to this consent.

Date

Applicant Signature

PA INDENTGO FINGERPRINT SERVICES

The following information is needed to process your Fingerprint Services. Please complete the information requested below and return this form.

PENNSYLVANIA APPLICANT REGISTRATION

First Name	
Middle Name	
Last Name	
Alias/ Maiden Name	
Date of Birth	
Place of Birth (City and State)	
Social Security Number	
Sex	
Race	
Ethnicity (circle one)	Hispanic or Non-Hispanic
Eye Color	
Hair Color	
Height	
Weight	
Country or Citizenship	
Address	
Address (Line 2)	
City, State, Zip Code	
Phone Number (including area code)	
What days and times are you available to be scheduled (give several choices)	
Circle which form of ID you will bring to your appointment.	Driver's License or State Issued ID Card