



Dear Applicant,

An adoption permanency facilitator will be assisting you in either adopting the child(ren) in your home, or attaining Permanent Legal Custody for them.

Firstly, I, and New Promise Children and Family Services thank you for becoming a resource parent. What you are doing is no less than saving a life, and we respect and appreciate the hard work and the time it takes to care for children who need caring, loving, permanent homes.

I understand this process takes precious time from your day, and we will help you in whatever way that we can to ease your burden. This, however, is a time sensitive process and should be completed in 2 to 3 weeks.

We have enclosed forms for you to sign, all clearances shall be signed by everyone who resides in your home the age of 18 or older. If your family's physicals are more than 8 months old, even though your worker will need the hard copies of them, it is important that you schedule new physicals upon receipt of this packet. Enclosed is a release of information that can be used to retrieve your and your family's physicals if you are experiencing difficulty getting them. Your adoption worker will talk about this when they visit you, but it is one way in which we will be pleased to assist you.

With regard to getting your FBI prints done, the new ChildLine policy is that the agency must schedule the appointments for you. When possible, it is better if everyone over the age of 18 go at the same time. You will be asked to give me several days and times that are workable for you to get you and your family's prints done.

The court requests certain documents and your adoption worker will collect the guardianship agreement, and copies of marriage or divorce decrees for this purpose. Lastly, your worker will be calling to schedule a time to visit you to pick up the enclosed forms and begin the interviewing process. We all look forward to meeting you and answering any questions you may have about the path of offering permanency to the child(ren) in your home.

Sincerely,

Donya Washington,

President of New Promise Children and Family Services



HOUSEHOLD VERIFICATION STATEMENT

I, _____ verify that the individuals below represent all of the members in my/our household, located at _____

_____ I acknowledge that I will alert the Adoption/Permanency Worker and/or their Supervisor of any changes within the household composition (i.e. new member added, or member moves out of the home.) within a week of the occurrence, or in a timely manner.

Household Composition (Name, Relationship, Age):

Frequent/Overnight Visits (Name, Relationship, Age):

Prospective Adoptive Parent Signature: _____

Date: _____

Prospective Adoptive Parent Signature: _____

Date: _____

Agency Witness Signature: _____ Date _____



FAMILY PROFILE AUTHORIZATION
FOR RELEASE OF CONFIDENTIAL INFORMATION

I _____, hereby grant authorization to **New Promise Children and Family Services**, adoption services, private, medical or psychological agencies or organizations, governmental institutions, any/all representatives of the aforementioned entities to be used to grant access to information for an individual or agency that has a direct role in helping to protect and promote the health, safety, and well being of children waiting to be adopted. No other use is intended, nor authorized by law.

Additionally, **New Promise Children and Family Services** is authorized to release the Family Profile document and related documents to any organization, as required by law, regulation, and/or policy of the **Pennsylvania Department of Public Welfare**.

The receiving agency, _____, its employees and agents are freed from any/all liability associated with the release of the aforementioned documents and any/all information contained therein.

I acknowledge that we understand the terms of this authorization and consent to the release of the confidential information as described above.

Prospective Adoptive Parent Signature: _____
Date: _____

Prospective Adoptive Parent Signature: _____
Date: _____

Agency Witness Signature: _____ Date: _____



DISCIPLINE & CONTROL POLICY

Discipline -

- 1 - Foster/Kinship Children shall be directed with techniques that stress praise and encouragement.
- 2 - Foster/Kinship Children may not be subjected to verbal abuse, derogatory remarks, or threats of removal from the resource home.

Punishment - The following forms of punishment are prohibited:

- 1 - Abusive discipline practices.
- 2 - Physical punishment inflicted in any manner upon the body, or threats of physical punishment.
- 3 - Punishment for bedwetting or actions related to toilet training.
- 4 - Delegation of punishment to another child.
- 5 - Denial of food, water, shelter, clothing, or bedding.
- 6 - Denial of any elements of the Family Service Plan (FSP) or Individual Service Plan (ISP), including denial or home visits solely as a means of punishment.
- 7 - Denial of visiting by the birth family or communication with the birth family.
- 8 - Assignment of physical strenuous exercise or work solely as a punishment.
- 9 - Requiring children to assume positions that induce extreme discomfort or to continue physical activity to the point of exhaustion.
- 10 - Group punishments for misbehaviors of individuals.
- 11 - Punishment that subjects the child to ridicule or humiliation.
- 12 - Denial of sufficient sleep.
- 13 - Requiring the child to remain silent for long periods of time.

Statement by Resource Parent

As part of my/our Orientation and/or training, the above disciplinary policy has been explained to me. I/we have carefully read the above, understand it and have received a copy of it. My/our signature(s) below show(s) my/our agreement to adhere to the policy.

Prospective Adoptive Parent Signature: _____
Date: _____

Prospective Adoptive Parent Signature: _____
Date: _____

Agency Witness Signature: _____ Date: _____



CLEAN INDOOR AIR ACT COMPLIANCE AGREEMENT

I, the prospective/approved resource parent(s), agree to comply with the 'no smoking' provisions of the Clean Indoor Air Act whenever a child under the care and custody of the county children and youth agency, or an adjudicated delinquent youth in foster care under the supervision of Juvenile Probation, is present in my/our home or vehicle. 'Smoking' refers to the use of a lighted cigar, cigarette, pipe or other smoking device and includes non-tobacco products. Chewing tobacco is permitted.

Specifically, I agree to the following:

- 1) No smoking by anyone, *including the child*, inside the home while the child is in the home;
- 2) No smoking by anyone, *including the child*, in the vehicle while the child is in the vehicle;
- 3) No smoking by anyone, *including the child*, in a detached building located on my/our home property while the child is in the detached building;
- 4) Prominently displaying a 'no smoking' sign on the home's main living level;
- 5) No providing of tobacco products to underage children or adolescents; and
- 6) If smoking outside, not standing near an open window or doorway.

If I accept placement of a child under age 5, or a child with asthma or another respiratory disorder, and there is a smoking household member who may smoke when the child is not present in the home/vehicle/detached building, I agree to manage environmental pollutants by observing the following guidelines:

- 7) Leaving a window open while smoking in the vehicle;
- 8) Not allowing the child to play in a detached building on my/our home property where smoking occurs; and
- 9) Smoking in a part of the house not used by the child and which does not share a ventilation system with the rest of the house.

I further understand that reported non-compliance with the above expectations may result in an investigation to determine the facts, and that a substantiated report, by law, incurs a fine of up to \$250 for a first-time violation. Any subsequent substantiated violations face increasing fines of up to \$1000. Additionally, the agency may impose a 'plan of correction' and place my/our home on provisional status until the plan is completed. After three documented non-compliance incidents, the agency may close my/our home.

Prospective Adoptive Parent Signature: _____

Prospective Adoptive Parent Signature: _____

Date: _____

Witness: _____ Date _____