



DR. JOSEPH I. ABRAHAM
EXECUTIVE DIRECTOR

FOSTER PARENT APPLICATION

Date : _____

Foster Parent 1: _____

Foster Parent 2: _____

Home Address: _____

Home Phone: _____

Foster Parent 1 Cell : _____ Foster Parent 2 Cell : _____

Email Address: _____

Children: (Please list all children below)

Name	Date of Birth	Grade	Current Residence
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Other Household Members:

Name	Date of Birth	Grade	Current Residence
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Directions from Emmaus to your home: _____

Residence:

Do you own your house? ____Yes ____No

If you rent, please note the following information regarding your landlord:

Name: _____

Address: _____

Telephone: _____

How long have you lived at your present address?

_____years _____months

Amount of rent or mortgage per month: _____

County of Residence: _____

Township if applicable: _____

Police Department that services your home: _____

School District: _____

References:

(Please give five people with full mailing addresses. **NO** family members)

Name

Address

Telephone

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Foster Parent 1

Personal Information:

Full Name: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State: _____ Exp: _____

Have you ever been arrested? ☐ Yes ☐ No

If so, list dates and charges:

Have you had a Criminal History Clearance done during the past year?

☐ Yes ☐ No

Have you had a Pennsylvania Child Abuse Clearance done in the past year?

☐ Yes ☐ No

Education:

Do you have a high school education? ☐ Yes ☐ No

High School Name: _____ Graduation Year: _____

Do you have a college education? ☐ Yes ☐ No

College Name: _____ Degree: _____

Are you presently enrolled in college? ☐ Yes ☐ No

College Name: _____ Program: _____

Employment:

Present Occupation: _____

Present Employer: _____

Address: _____

Telephone: _____

Approximate Annual Salary: _____

Present Work Hours: _____

Previous Jobs: _____

Religion:

Church Name: _____

Address: _____

Telephone: _____

Pastor's Name: _____

Average number of services you attend per week: _____

Denomination: _____

(Catholic, Lutheran, Methodist, etc.)

Foster Parent 2

Personal Information:

Full Name: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State: _____ Exp: _____

Have you ever been arrested? ☐ Yes ☐ No

If so, list dates and charges:

Have you had a Criminal History Clearance done during the past year?

☐ Yes ☐ No

Have you had a Pennsylvania Child Abuse Clearance done in the past year?

☐ Yes ☐ No

Education:

Do you have a high school education? ☐ Yes ☐ No

High School Name: _____ Graduation Year: _____

Do you have a college education? ☐ Yes ☐ No

College Name: _____ Degree: _____

Are you presently enrolled in college? ☐ Yes ☐ No

College Name: _____ Program: _____

Employment:

Present Occupation: _____

Present Employer: _____

Address: _____

Telephone: _____

Approximate Annual Salary: _____

Present Work Hours: _____

Previous Jobs: _____

Religion:

Church Name: _____

Address: _____

Telephone: _____

Pastor's Name: _____

Average number of services you attend per week: _____

Denomination: _____

(Catholic, Lutheran, Methodist, etc.)

**I DECLARE THAT TO THE BEST OF MY KNOWLEDGE, ALL OF THE
INFORMATION ON THIS APPLICATION IS TRUE.**

(Foster Parent 1)

(Date)

(Foster Parent 2)

(Date)

I/We understand that prior to being approved as permanent professional foster parents with I.M.P.A.C.T., Inc., I/We must be cleared, through specific background checks as stipulated by Act 33 of the Child Protective Services Law.

I/We also understand that I.M.P.A.C.T., Inc. will fully cover the costs of both the Child Abuse and Criminal History background checks for myself/both of us. I.M.P.A.C.T., Inc. will also cover the cost of one background check for our designated respite worker.

For other background checks on secondary respite care workers, I/we understand that the costs of these Child Abuse and Criminal History background checks are mine/ours to bear. As such, I/we authorize I.M.P.A.C.T., Inc. to recoup any expenses they have incurred in this regard from my/our first foster parent check once I/we have been approved and receive my/our first foster child placement.

Please remember that the results of the Child Abuse History checks, required to be filed prior to being approved as permanent foster parents, will be sent directly to you. It is your responsibility to forward a copy of these results to I.M.P.A.C.T., Inc.'s office immediately upon their receipt.

(Signature)

(Date)

(Signature)

(Date)