

MAIL TO: PENNSYLVANIA ADOPTION EXCHANGE, P.O. BOX 4469, HARRISBURG, PA 17111-0469 | 1-800-227-0225

<input type="checkbox"/> SWAN ID #	<input type="checkbox"/> PAE ID #	For updates: Complete Agency Information section, shaded entry blocks and all information that has changed.
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FAMILY DEMOGRAPHICS - All fields must be filled out unless noted.

Partner #1			
LAST NAME	FIRST NAME	MI	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF BIRTH	SOCIAL SECURITY NUMBER (Requested)	TELEPHONE (Daytime) ()	
RACE AND ETHNICITY (Check all that apply)			
RACE: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unable to determine ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unable to determine			

Partner #2			
LAST NAME	FIRST NAME	MI	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF BIRTH	SOCIAL SECURITY NUMBER (Requested)	TELEPHONE (Daytime) ()	
RACE AND ETHNICITY (Check all that apply)			
RACE: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unable to determine ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unable to determine			

STREET ADDRESS			EMAIL	
CITY	STATE	ZIP CODE	COUNTY	
APPLICANT'S MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Alternative Lifestyle <input type="checkbox"/> Other _____				

Previous Family Addresses				
List all home addresses for the previous 10 years (attach additional page, if needed) OR <input type="checkbox"/> Not Applicable				
STREET	CITY	STATE	ZIP	COUNTY
STREET	CITY	STATE	ZIP	COUNTY
STREET	CITY	STATE	ZIP	COUNTY
STREET	CITY	STATE	ZIP	COUNTY
STREET	CITY	STATE	ZIP	COUNTY

All Other Members of Household						
Attach additional page, if necessary OR <input type="checkbox"/> Not Applicable						
For families already registered ONLY: If adding or removing a member of the household, check New or Delete as appropriate.						
NAME	DATE OF BIRTH	GENDER	RELATIONSHIP TO APPLICANTS	SOCIAL SECURITY # (REQUESTED)	NEW	DELETE

Family Information			
Please answer the following questions.			
1. List the occupations of the applicants, including a stay-at-home parent.			
<input type="checkbox"/> Partner 1 _____	<input type="checkbox"/> Partner 2 _____		
2. List any special needs training applicants have.			
3. Select the type of neighborhood where applicants live. <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			

Family Disposition			DATE OF DISPOSITION
Disposition: <input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Closed	
For type of care: <input type="checkbox"/> Adoptive	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Kinship	

Please choose type of foster care approval or reason for any disapproval or closure below.

APPROVED - For foster care, choose type of approval: <input type="checkbox"/> Full <input type="checkbox"/> Regulation waiver granted	DISAPPROVED - Choose reason: <input type="checkbox"/> Child abuse history <input type="checkbox"/> Criminal history <input type="checkbox"/> Failure to complete training <input type="checkbox"/> Failure to follow agency policy <input type="checkbox"/> Falsification/misrepresentation of information <input type="checkbox"/> Unfavorable family profile <input type="checkbox"/> Other - Explain: _____ _____	CLOSED - Choose reason: <input type="checkbox"/> Adopted child from PA child welfare system <input type="checkbox"/> Adopted child from another state (CW) <input type="checkbox"/> Adopted privately/domestically <input type="checkbox"/> Kinship adoption <input type="checkbox"/> Kinship care - not adoption <input type="checkbox"/> Kinship home - child no longer in home <input type="checkbox"/> Permanent legal custodian <input type="checkbox"/> Family unresponsive <input type="checkbox"/> Moved to other agency <input type="checkbox"/> Moved away <input type="checkbox"/> No longer interested/personal reasons <input type="checkbox"/> Other reason: _____
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If closing a previously registered, approved family, complete all shaded areas of the form and the Agency Information section. Sign and date below. I certify that the information provided is accurate and complete.

Signature _____ Date _____

Foster Family Appeal Activity			DATE
<input type="checkbox"/> Family filed appeal	<input type="checkbox"/> Appeal upheld	<input type="checkbox"/> Appeal denied	
LIST ANY RESTRICTIONS TO APPROVAL:			
BASIS FOR APPEAL:			

AGENCY INFORMATION

Registering Agency			
REGISTERING AGENCY			CASEWORKER (Full name)
MAILING ADDRESS			EMAIL
CITY	STATE	ZIP CODE	COUNTY
TELEPHONE #	FAX #		

All previous foster care/adoption agency affiliations. Attach additional page, if needed. OR Not Applicable

PREVIOUS AGENCY			CASEWORKER (Full name)
MAILING ADDRESS			EMAIL
CITY	STATE	ZIP CODE	COUNTY
TELEPHONE #	FAX #		

All previous foster care/adoption agency affiliations (continued).

PREVIOUS AGENCY			CASEWORKER (Full name)	
MAILING ADDRESS			EMAIL	
CITY	STATE	ZIP CODE	COUNTY	
TELEPHONE #			FAX #	

TYPE OF CHILD APPROVED FOR FAMILY

What is the maximum number of children approved for this family's home? _____

Special Needs

Check all special needs family is approved to provide: Not applicable

<input type="checkbox"/> Abuse history	<input type="checkbox"/> Neglect history
<input type="checkbox"/> Alcohol exposed	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Drug exposed infant	<input type="checkbox"/> Runaway history
<input type="checkbox"/> Emotional disability	<input type="checkbox"/> Sexual abuse history
<input type="checkbox"/> HIV	<input type="checkbox"/> Siblings: # _____
<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Special education student
<input type="checkbox"/> MH diagnosis	<input type="checkbox"/> Special medical care
<input type="checkbox"/> Multiple placement history	
<input type="checkbox"/> Other: _____	

Type of Child Family Prefers If family is disapproved, check Not applicable

Race/Ethnicity - Check all family will accept:		Gender:	Number of Children & Age Range
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unable to determine		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either	Age Range: Between _____ and _____ years. Number of children: <input type="checkbox"/> Single child <input type="checkbox"/> Siblings - maximum number: _____
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unable to determine			



Characteristics of Child

For adoptive families only: Please choose from the characteristics listed to tell us the type of child the family wants to adopt. Place an X in the most appropriate box for each characteristic.

HEALTH			
Characteristic:	Acceptable	Will Consider	Unacceptable
1. No significant health problems			
2. Allergies or asthma (may require treatment)			
3. Hyperactivity (may require treatment)			
4. Speech problems (may require treatment)			
5. Hearing problems (may require treatment)			
6. Legally deaf			
7. Vision problems (may require treatment)			
8. Legally blind			
9. Dental problems (may require treatment)			
10. Orthopedic problems (special shoes, brace, etc.)			
11. Seizure disorder			

EDUCATION			
Characteristic:	Acceptable	Will Consider	Unacceptable
12. High achiever			
13. Achieves on grade level in regular classes			
14. Achieves below grade level in regular classes			
15. Needs special education classes			
16. Needs learning disability classes (LD)			
17. Needs classes for the emotionally or behaviorally handicapped			
18. Needs tutoring in one or more subjects			
19. Has serious behavior problems at school			

CHARACTERISTICS AND BEHAVIORS			
Characteristic:	Acceptable	Will Consider	Unacceptable
20. Generally quiet and shy			
21. Generally outgoing and noisy			
22. Emotional issues require ongoing therapy			
23. Tends to reject father figures			
24. Tends to reject mother figures			
25. Difficulty making friends and relating to other children			
26. Frequently wets the bed			
27. Frequently wets during the day			
28. Frequently soils him/herself			
29. Masturbates frequently or openly			
30. Poor social skills			
31. Problem with lying			
32. Problem with stealing			
33. Frequently starts physical fights with other children			
34. Tends to abuse animals			
35. Tends to be destructive of clothing, toys, etc.			
36. Frequently uses foul or bad language			
37. Frequent temper tantrums			
38. Difficulty accepting and obeying rules			
39. History of inappropriate sexual behavior			
40. History of running away			
41. History of playing with matches, setting fires			

FAMILY CONNECTEDNESS & HISTORY			
Characteristic:	Acceptable	Will Consider	Unacceptable
42. Strong ties to birth family			
43. Strong ties to foster family			
44. Needs continued contact with siblings			
45. Previous adoptive disruption			
46. Sexually abused			
47. Exposed to promiscuous sexual behavior			
48. Conceived by rape			
49. Conceived as a result of prostitution			
50. One or both parents addicted to alcohol			

FAMILY CONNECTEDNESS & HISTORY (continued)

Characteristic:	Acceptable	Will Consider	Unacceptable
51. One or both parents chemically dependent, other than alcohol			
52. One or both parents has criminal record			
53. One or both parents intellectually disabled			
54. One or both parents has mental illness			
55. No information available about one or more parent			

RESOURCE FAMILY'S FEELINGS ABOUT OPENNESS WITH BIRTH FAMILY

Characteristic:	Acceptable	Will Consider	Unacceptable
56. Meet with birth parents			
57. Contact with birth parents through agency or intermediary			
58. Send letters to birth parents			
59. Receive letters from birth parents			
60. Send videos to birth parents			
61. Receive videos from birth parents			
62. Have phone contact between adults			
63. Child continues visits with siblings			
64. Child continues visits with extended relatives in birth family			
65. Child continues visits with birth parents			
66. Receive birth parents' name, address, phone number, etc.			
67. Adoptive parents willing to give first name to birth parents			
68. Adoptive parents willing to give identifying information to birth parents			

SIGNATURE OF AGENCY WORKER REQUIRED

I verify that this information is accurate and complete to the best of my knowledge or information and belief. The information is submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

AGENCY WORKER

DATE