

ACT 160, FINANCIAL SHEET AND AGENCY REQUIREMENTS

Act 160 of 2004 – Office of Children, Youth and Families

If you answer yes to any of the following questions, please explain – you may use the back page if needed!

1. Have you or any adults in your household been convicted or investigated for child abuse?
2. Have you ever had a Protection From Abuse Order (PFA) filed against you or have you ever filed one against anyone?
3. Drug and alcohol related arrests – Have you ever been charged or are any court proceedings pending against you? Explain: when, outcome, what have you done to avoid further arrests?

In the last five years, have you ever been hospitalized for any drug or alcohol related reasons?

4. Do any children living in your home have any special needs (behavioral or medical)? If yes, please give a description of each child and their special needs.
5. Have you previously been a foster or adoptive parent? If so, what other agencies have you worked with and why did you leave the agency? Please elaborate on your experiences as foster or adoptive parents. How many children have you cared for?
6. Please list any education, training or personal experience working with foster children or the child welfare system. (please provide documentation if possible)
7. Please give details of any family court proceedings regarding you or anyone else who resides in your home. Provide copies of any petitions or court orders.

Act 160 of the Department of Public Welfare requires proof of your last 10 years of income!

*****Please be sure to provide this agency with the front page of your most recent tax return and/or copies of your last two paycheck stubs AND copies of either your annual Social Security Statements (showing at least 10 years of income history) OR copies of the front page of your last 10 tax returns. If you do not have income verification for the past 10 years, please sign the Social Security Waiver form and we will obtain this information for you.**

Have you ever filed for bankruptcy? If yes, when? Outcome?

Are there any current liens against you or your property?
(if yes, please list)

Please list life and health insurance coverage:

<u>Insurance Company</u>	<u>Type</u>	<u>Amount</u>	<u>Who is Insured</u>
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Please list additional insurance information (auto, home, etc.):

Homeowners:

Car Insurance:

Is your home owned or rented?

Value of home if owned?

Outstanding Mortgage?

Automobiles:

Year: Make: Model: Estimated Value: Inspection

date:

Year: Make: Model: Estimated Value: Inspection

date:

Year: Make: Model: Estimated Value: Inspection

date:

Investments/Retirement:

Type	Company	Amount	Who
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BUDGET WORKSHEET

There is no requirement for any set income level. This worksheet is to give us an idea of your circumstances and to assess current financial stability.

Monthly Revenue:

Monthly Take home Pay:

Who	Income Source	Monthly Income

Total Monthly Revenue: _____

Notes: _____

BUDGET WORKSHEET

Monthly Expenses:

- Rent Mortgage \$ _____
- Auto 1 \$ _____
- Auto 2 \$ _____
- Gasoline \$ _____
- Parking/Tolls \$ _____
- Bus/Taxi \$ _____
- Other Transportation \$ _____
- Insurance (if paid out of take home pay)
- Life Insurance \$ _____
- Health Insurance \$ _____
- Property Insurance \$ _____
- Disability Insurance \$ _____
- Auto Insurance \$ _____
- Other Insurance \$ _____
- Day Care \$ _____
- School Lunches \$ _____
- Alimony/Child Support \$ _____
- Groceries/Supplies \$ _____
- Gas \$ _____
- Electricity \$ _____
- Water \$ _____
- Garbage Collection \$ _____
- Phone \$ _____
- Medical Providers \$ _____
- Tuition \$ _____
- Entertainment \$ _____

- Loan/Credit Card 1 _____ \$ _____
- Loan/Credit Card 2 _____ \$ _____
- Loan/Credit Card 3 _____ \$ _____

- Other: _____ \$ _____
- Other: _____ \$ _____

TOTAL MONTHLY EXPENSES: _____

Are you presently behind on any bills? _____

RELATIONSHIP WITH FOSTER CHILD, AGENCY, PARENTS

What is your ability to help a child return home?

What is your ability to work with this agency in planning for a child?

List your ability to interact with a child's natural parents (possible neglecting or abusing parents).

- 1. Again examine attitudes towards natural parents as well as ability to interact with them.**

- 2. Describe your ability to accept a foster/adoptive child's relationship with natural parents.**

RESPONSES TO WORKING WITH AGENCY

List your reaction to the limited responsibility you share with,

- 1. Agency**

- 2. Natural parents**

Your attitude towards agency requirements.

Do you understand that when a child is placed with you that it is your responsibility to transport them to appointments, visits, court hearings, meetings, etc? Any questions about this?

What is your capacity to absorb a child into your family without disruption?

How well do you feel that you can care for a child that is not biologically related to you?

Has the family experienced a previous adoption disruption? If yes, explain

Does anyone in your home consume alcohol on a regular basis? If yes, who? How much per week?

Do you feel that anyone in your home has a drinking problem? I.e: drinks to get drunk, drinks and drives, has a personality change after drinking, etc. If yes to any of these, who? Explain.

Does anyone in your home abuse prescription drugs or use illegal drugs? If yes, who?

Children/forms/adoption/autobiography resource parent part 2