

Sullivan County Children & Youth  
9219 Route 487, Suite D  
Dushore, PA 18614  
(570) 928-0307

Resource Home

Application:

PARENT 1 FULL NAME:

\_\_\_\_\_  
(Last) (First) (Middle)

PARENT 2 FULL NAME:

\_\_\_\_\_  
(Last) (First) (Middle)

PRESENT ADDRESS:

\_\_\_\_\_  
(Street) (City) (Zip)

COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_

HOME PHONE:( ) \_\_\_\_\_

PARENT 1 PHONE:( ) \_\_\_\_\_

PARENT 2 PHONE:( ) \_\_\_\_\_

SCHOOL DISTRICT:

How long have you lived at this address?

\_\_\_\_\_  
If renting, please give monthly rent:

\_\_\_\_\_  
If owner, please give amount of mortgage:

\_\_\_\_\_  
Have you ever had a civil judgement, lien or bankruptcy action?

\_\_\_\_\_

Directions to reach the home (from Dushore):

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**PARENT 1**

**PARENT 2**

**Date of Birth:**

**Place of Birth:**

**Race:**

**Religion, If Any:**

**Name of Church:**

IF MARRIED, DATE OF MARRIAGE:

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PLACE, CITY, COUNTY, STATE WHERE MARRIAGE OCCURRED:

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PREVIOUS  
MARRIAGE:

**To Whom:**

**Date and Place:**

**How Terminated:**

**Date and Place**

**Terminated:**

PHYSICAL  
CHARACTERISTICS:

**Height:**

**Weight:**

**Color of Hair:**

**Color of Eyes:**

**Color of Skin:**

EDUCATION: Show  
Last Grade Completed

**Elementary:**

**High School:**

**College:**

EMPLOYMENT:

**Occupation:**

**Present Employer:**

**Previous Employer:**

HOW LONG  
EMPLOYED IN  
BOTH POSITIONS:

**Present:**

**Previous:**

ANNUAL INCOME  
FROM:

**Salary:**

**Other sources:**

CHILDREN:

NAME	BIRTHDATE	BIRTH CHILD OR ADOPTED CHILD
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NAME	BIRTHDATE	BIRTH CHLD OR ADOPTED CHILD
------	-----------	-----------------------------

NAME	BIRTHDATE	BIRTH CHILD OR ADOPTED CHILD
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OTHERS LIVING IN  
THE HOME:

NAME	AGE	RELATIONSHIP
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NAME	AGE	RELATIONSHIP
------	-----	--------------

NAME	AGE	RELATIONSHIP
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REFERENCES:

NAME OF RELATIVE	RELATIONSHIP
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ADDRESS AND PHONE NUMBER

NAME OF RELATIVE	RELATIONSHIP
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ADDRESS AND PHONE NUMBER

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NAME OF PASTOR

NAME OF CHURCH

---

ADDRESS AND PHONE NUMBER

---

NAME OF FAMILY PHYSICIAN

---

ADDRESS AND PHONE NUMBER

---

OTHER REFERENCE

---

ADDRESS AND PHONE NUMBER

---

OTHER REFERENCE

---

ADDRESS AND PHONE NUMBER

HAVE YOU EVER APPLIED TO FOSTER OR ADOPT CHILDREN    NO \_\_\_ YES \_\_\_

IF YES, WHEN AND FROM WHAT AGENCY: \_\_\_\_\_

OTHER QUALIFICATIONS, EXPERIENCE OR TRAINING:

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PARENT 1 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT 2 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_