

REFERENCES FOR FIRST PARENT			
LIST THE NAMES OF FOUR PEOPLE (NOT RELATED TO YOU) WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR.			
REFERENCE ONE			
First Name		Last Name	
Home Street Address	Home City	Home State	Home Zip
Home Phone	Work Phone	Employer Name	Occupation
Relationship (Friend, neighbor, employer, church, etc.)			
REFERENCE TWO			
First Name		Last Name	
Home Street Address	Home City	Home State	Home Zip
Home Phone	Work Phone	Employer Name	Occupation
Relationship (Friend, neighbor, employer, church, etc.)			
REFERENCE THREE			
First Name		Last Name	
Home Street Address	Home City	Home State	Home Zip
Home Phone	Work Phone	Employer Name	Occupation
Relationship (Friend, neighbor, employer, church, etc.)			
REFERENCE FOUR			
First Name		Last Name	
Home Street Address	Home City	Home State	Home Zip
Home Phone	Work Phone	Employer Name	Occupation
Relationship (Friend, neighbor, employer, church, etc.)			

REFERENCES FOR SECOND PARENT			
LIST THE NAMES OF FOUR PEOPLE (NOT RELATED TO YOU) WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR.			
REFERENCE ONE			
First Name		Last Name	
Home Street Address	Home City	Home State	Home Zip
Home Phone	Work Phone	Employer Name	Occupation
Relationship (Friend, neighbor, employer, church, etc.)			
REFERENCE TWO			
First Name		Last Name	
Home Street Address	Home City	Home State	Home Zip
Home Phone	Work Phone	Employer Name	Occupation
Relationship (Friend, neighbor, employer, church, etc.)			
REFERENCE THREE			
First Name		Last Name	
Home Street Address	Home City	Home State	Home Zip
Home Phone	Work Phone	Employer Name	Occupation
Relationship (Friend, neighbor, employer, church, etc.)			
REFERENCE FOUR			
First Name		Last Name	
Home Street Address	Home City	Home State	Home Zip
Home Phone	Work Phone	Employer Name	Occupation
Relationship (Friend, neighbor, employer, church, etc.)			

ADDITIONAL QUESTIONS

IF TWO PARENTS ARE APPLYING, PLEASE ANSWER THESE QUESTIONS TOGETHER.

1. Why are you interested in Multidimensional Treatment Foster Care (MTFC)?

2. Do you feel qualified to handle moody and/or rebellious adolescents?

3. What sorts of events and/or behaviors would cause you to give up on an adolescent?

4. What forms of recreation do you enjoy? Especially mention activities in which you would involve the adolescent. How often do you engage in these forms of recreation?

ADDITIONAL QUESTIONS (CONTINUED)

5. How would you typically correct misbehavior? Please explain your views on discipline and punishment.

6. What role would you expect the adolescent to assume while in your home?

7. Are you able to provide routine and/or crisis transportation for the adolescent?

8. Has either parent ever been convicted of a misdemeanor or a felony? Yes No
If yes, please indicate which parent was convicted, and note date(s) and charge(s). This information must be certified.

ADDITIONAL QUESTIONS

9. Have you and your partner ever separated because of marital or relationship problems? If yes, please indicate the date and length of separation.

10. Has either parent ever applied for a foster care position with any other agency? Yes No
If yes, please indicate which agency, and whether you served as a foster parent for that agency.

THANK YOU!

PLEASE RETURN THE COMPLETED FORM TO THIS ADDRESS:

Candace Battles, Foster Parent Recruiter/Trainer
Harborcreek Youth Services MTFC
5712 Iroquois Avenue
Harborcreek, PA 16421