pennsylvania
STATEWIDE ADOPTION AND PERMANENCY NETWORK

Resource Family Applicant
Registration / Update Form
(CY 131)

MAIL TO: PENNSYLVANIA ADOPTION EXCHANGE, P.O. BOX 0959, Camp Hill, PA 17001-0959 | 1-800-227-0225

☐ SWAN ID #		☐ PAE ID #		**For updates:** Complete Agency Information section, shaded entry blocks and all information that has changed.

FAMILY DEMOGRAPHICS - All fields must be filled out unless noted.

Partner #1

LAST NAME	FIRST NAME	MI	GENDER
			☐ Male ☐ Female

DATE OF BIRTH	SOCIAL SECURITY NUMBER (Requested)	TELEPHONE (Daytime)
		( )

RACE AND ETHNICITY (Check all that apply)

RACE: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Unable to determine

ETHNICITY: ☐ Hispanic ☐ Non-Hispanic ☐ Unable to determine

Partner #2

LAST NAME	FIRST NAME	MI	GENDER
			☐ Male ☐ Female

DATE OF BIRTH	SOCIAL SECURITY NUMBER (Requested)	TELEPHONE (Daytime)
		( )

RACE AND ETHNICITY (Check all that apply)

RACE: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Unable to determine

ETHNICITY: ☐ Hispanic ☐ Non-Hispanic ☐ Unable to determine

STREET ADDRESS			EMAIL
CITY	STATE	ZIP CODE	COUNTY

APPLICANT'S MARITAL STATUS
☐ Married ☐ Single ☐ Alternative Lifestyle ☐ Other_____

Previous Family Addresses

List all home addresses for the previous 10 years (attach additional page, if needed) OR ☐ Not Applicable

STREET	CITY	STATE	ZIP	COUNTY

All Other Members of Household

Attach additional page, if necessary OR ☐ 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

CY 131 5/24

Family Information

Please answer the following questions.

1. List the occupations of the applicants, including a stay-at-home parent.

☐ Partner 1 _____ ☐ Partner 2 _____

2. List any special needs training applicants have.

3. Select the type of neighborhood where applicants live. ☐ Rural ☐ Urban ☐ Suburban

Family Disposition

Disposition: ☐ Approved ☐ Disapproved ☐ Closed For type of care: ☐ Adoptive ☐ Foster Care ☐ Kinship	DATE OF DISPOSITION

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

| APPROVED - For foster care, choose type of approval:

☐ Full
☐ Regulation waiver granted | DISAPPROVED - Choose reason:

☐ Child abuse history
☐ Criminal history
☐ Failure to complete training
☐ Failure to follow agency policy
☐ Falsification/misrepresentation of information
☐ Unfavorable family profile
☐ Other - Explain:

_____ | CLOSED - Choose reason:

☐ Adopted child from PA child welfare system
☐ Adopted child from another state (CW)
☐ Adopted privately/domestically
☐ Kinship adoption
☐ Kinship care - not adoption
☐ Kinship home - child no longer in home
☐ Permanent legal custodian
☐ Family unresponsive
☐ Moved to other agency
☐ Moved away
☐ No longer interested/personal reasons
☐ Other reason:

_____ |

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

☐ Family filed appeal	☐ Appeal upheld ☐ Appeal denied	DATE

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 #	

CY 131 5/24

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

☐ Abuse history
☐ Alcohol exposed
☐ Drug exposed infant
☐ Emotional disability
☐ HIV
☐ Intellectual disability
☐ MH diagnosis
☐ Multiple placement history
☐ Other: _____

☐ Neglect history
☐ Physical disability
☐ Runaway history
☐ Sexual abuse history
☐ Siblings: # _____
☐ Special education student
☐ Special medical care

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

Race/Ethnicity - Check all family will accept:

Race:
☐ American Indian/Alaskan Native
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander
☐ Asian
☐ White
☐ Unable to determine

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unable to determine

Gender:
☐ Male
☐ Female
☐ Either

Number of Children & Age Range

Age Range:
Between _____ and _____ years.

Number of children:
☐ Single child
☐ Siblings - maximum number: _____

🛑 **STOP HERE if match suggestions are not needed.**

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			

CY 131 5/24

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

CY 131 5/24

Resource Family Application Registration / Update Form (CY 131) Instructions	
Submit to	**Pennsylvania Adoption Exchange, P.O. Box 959, Camp Hill, PA 17001-0959, fax to 1-717-236-8510.**
When to use	1. To meet the requirements of the Resource Family Registry created by Act 160 of 2004. 2. To report and update family profiles and studies on adoptive, foster and kinship families who wish to provide care for children in the care and custody of county children and youth agencies. 3. Must be submitted on approved, disapproved and closed families. Please contact PAE at 1(800)227-0225 for questions about completing the CY 131.
Used By	**All agencies licensed to study families for foster, adoption and kinship care**
Comments	1. All fields must be completed unless noted. 2. **Updates must be completed within 30 days of the registering agency receiving information about a change in household composition.** If the Household Member section is updated, the shaded sections in the Applicant Information section on page 1 of the form must also be completed. 3. Adult household members are those 18 and older who live in the house at least 30, not necessarily consecutive, days per year, including college students. 4. Children in the custody of a county children and youth agency placed in the home do not need to be listed as members of household. 5. If a child, currently in a family for foster care, is later adopted by that family, the child must be added to the household membership by updating the CY 131 when the adoption is finalized.
Information about the Family Registration / Update Form (CY 131)	
SWAN #	Include the SWAN number assigned by SWAN Prime Contractor (if applicable)
PAE #	If no PAE ID number is assigned, write "none." If unsure whether family has a PAE ID number, contact 1-800-227-0225.
FAMILY DEMOGRAPHICS	
All fields must be filled out unless noted	
Partner #1's Name (Last, First, Middle Initial)	Enter applicant's full name
Gender	Check box for male or female.
Date of Birth	Enter date of birth in mm/dd/year format
Social Security Number	Enter applicant's SSN
Telephone	Enter applicant's daytime telephone number
Race and Ethnicity	• Check all that apply. Choices are: American Indian/ Native Alaskan, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, White, Unable to Determine. • Ethnicity: Choices are Hispanic, Non-Hispanic, Unable to Determine
Partner #2's Name (Last, First, Middle Initial)	If applicable, enter the applicant partner's full name.
Gender	Check box for male or female.
Date of Birth	Enter birth date in mm/dd/year format

CY 131 5/24

Social Security Number		Enter applicant's SSN
Telephone		Enter applicant partner's daytime telephone number
E-Mail		Enter family's e-mail address
Race and Ethnicity		• Check all that apply. Choices are: American Indian/ Native Alaskan, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, White, Unable to Determine. • Ethnicity: Choices are Hispanic, Non-Hispanic, Unable to Determine
Mailing Address		Enter family's mailing address street, city, state and zip code.
County		Enter county where family lives
Applicant(s) Marital Status		Enter family's marital status. Choices are: Married, Single, Alternative Lifestyle, Other. If Other, describe.

Previous Family Addresses

List All home Addresses		List all complete home addresses (street, state, zip code) for the previous 10 years (attach additional page, if needed) or check Not Applicable. County of residence must also be entered.

All Other Members of Household

Attach Additional Page		Attach an additional page, if necessary. All additional members of household, including those over 18 years of age, must be listed in this section. Applicants are not listed here. Check the NOT Applicable box if the household has no members other than applicant(s).
For Families		For families already registered ONLY: If adding or removing a member of the household, check New or Delete as appropriate.
Name		Information required for each household member includes: Name (first and last), Date of Birth, Gender, Relationship to Applicant (Sister, niece, child, friend, etc.). Social Security Number is requested; if not provided enter all 7's. New and Delete is only used when updating of household members.

Family Information

List the Occupation		List occupations of applicants, including a stay-at-home parent. Provide this information for both partner 1 and 2.
List any Special Needs Training		List any special needs training applicants have (ex .for victims of sexual abuse, older children, etc.)
Type of Neighborhood		Identify neighborhood type (rural, urban, suburban) where applicants live.

Family Disposition

Disposition		Report the agency disposition for this family. Choices are: Approved, Disapproved or Closed. Indicate date of disposition in mm/dd/year format.
For Type of Care		Indicate type of care for which family is being approved, disapproved or closed. Choices are: Adoptive, Foster Care, Kinship Note: If closing, RFR will close for only the checked dispositions. If approved originally for adoption and foster care and foster care is checked in the Closed status, then only the foster care disposition will be closed.
Approval Type (foster care only)		For foster care only families, indicate type of approval. Choices are Full or Regulation Waiver Granted.
Disapproved Reason		Indicate reason for disapproval. If Other is chosen, explain reason.
Closed Reason		Indicate reason for closure. If adoption, clarify type of adoption (Pennsylvania child welfare, other state child welfare, Domestic, International). If Kinship, clarify

CY 131 5/24

	outcome of care in that home (Adoption, Foster Care, Child No Longer in Home). If Other, explain reason.

Signature	**For closure of previously registered, approved families only.** This clarifies who from the agency is closing the case. Provide date of signature in mm/dd/year format.

Foster Family Appeal Activity

Family Filed Appeal	Applicant may appeal agency decision to disapprove or provisionally approve their home under 55 Pa. Code Chapter 3700 (relating to foster family care agency) Section 72 (relating to foster family approval appeals). If foster family or kinship (formal kinship care) family files an appeal, check the Family Filed Appeal box.
Appeal Upheld/Denied	Check if appeal is upheld or denied. Provide date in mm/dd/year format.
List Any Restrictions	
Basis for Appeal	Describe family's disagreement with agency's disapproval or closure.

AGENCY INFORMATION

Registering Agency

Registering Agency	Name of registering agency
County Caseworker	Contact person (full name) in registering agency who may be contacted for information about this family
Mailing Address	Agency contact information should include mailing street or PO box number address, city, state and zip code.
County	County where agency is located.
E-mail	E-mail address for agency contact person
Telephone Number	Telephone number with area code of agency contact person
Fax Number	Fax number with area code for registering agency

All Previous Foster Care / Adoption Agency Affiliations

Previous Agency	All other past and current foster family care and adoption agency affiliations must be listed. Use additional pages, if needed.
County Caseworker	Contact person in registering agency who may be contacted for information about this family
Mailing Address	Agency contact information should include mailing street or PO box number address, city, state and zip code.
County	County where agency is located.
E-mail	E-mail address for agency contact person
Telephone Number	Telephone number with area code of agency contact person
Fax Number	Fax number with area code for registering agency

Type of Child Approved for Family

Maximum Number	Maximum number of children approved for this family's home. This number must be the same or greater than the number of children the family prefers.

Special Needs

Check All Special Needs Family Is Approved to Provide	• Checking all appropriate special needs the family is approved to provide. • Choices are: Abuse History, Alcohol Exposed Infant, Drug Exposed Infant, Emotional Disability, HIV, Intellectual Disability, Mental Health Diagnosis, Multiple Placement History, Neglect History, Physical Disability, Runaway History, Sexual Abuse History, Siblings, Special Education Student, Special

CY 131 5/24

		Medical Care, Other.
		• Siblings: Record number of siblings family is approved to serve.
		• Other: Record other special needs family is approved to serve.

Type of Child Family Prefers – If family is disapproved, check Not Applicable.		
Race/Ethnicity		Registering agency details family's choices for races of child they are willing to consider. • Check each race or ethnic group the family will accept. Choices are: American Indian/Alaskan Native, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, White, Unable to Determine. If Unable to Determine is selected, the family is indicating a child of unknown race is acceptable. • Ethnicity: Choices are Hispanic, Non-Hispanic, Unable to Determine. If Hispanic is checked, preferred races must also be indicated. If Unable to Determine is selected, the family is indicating a child of unknown ethnicity is acceptable. • Families will be matched with all races checked both as a single race or in combination for children who are more than one race.
Gender		Registering agency details family's choice of gender they are willing to consider. Family's preference choices are Either, Female or Male.
Number of Children & Age Range		Registering agency details family's choice for the number and age range of child(ren) they are willing to consider. • Record family's preferred age range and indicate if they will consider a single child or a sibling group. • If sibling group is checked, indicate maximum number of siblings family prefers. This number cannot exceed the number family is approved to serve.
Stop Here if No Matches are Needed for This Family **If Matches are Needed, Please Complete Entire Form**		
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		• For each statement, indicate with an X if child with the specified health characteristic is Acceptable, something a family Will Consider or Unacceptable to the family. • All questions must be answered.
Education		• For each statement, indicate with an X if child with the specified educational needs is Acceptable, something a family Will Consider or Unacceptable to the family. • All questions must be answered.
Characteristics & Behaviors		• For each statement, indicate with an X if child with the specified characteristics and behaviors is Acceptable, something a family Will Consider or Unacceptable to the family. • All questions must be answered.
Connections & History		• For each statement, indicate with an X if child with that connection and history statement is Acceptable, something a family Will Consider or Unacceptable to the family. • All questions must be answered.
Contact with Birth Family		• For each statement, indicate with an X if child with the described contact with birth family statement is Acceptable, something a family Will Consider or Unacceptable to the family. • All questions must be answered.
Signature of Agency Worker Required		
Agency Worker		Agency worker who is completing or updating the form certifies that the information recorded is accurate to the best of their knowledge by signing and dating the form.

CY 131 5/24

Intentionally left blank

CY 131   5/24