

Family Pathways
Striving to Strengthen Relationships

Appendix C

DISCLOSURE STATEMENT

I, the undersigned resource parent applicant, understand that pursuant to 23 Pa. C.S. §§ 6301-6385 known as The Child Protective Services Law (CPSL), the entity *Family Pathways* to which I have applied as a resource parent or by which I am approved as a resource parent must obtain information to conduct a background check. *I understand that I am responsible to provide accurate information about myself and anyone residing in my home to the entity listed above including specific changes enumerated below for each individual 18 years of age and older who reside in my home.* The reviewing and approving agency shall access and review criminal history record information, child abuse history clearances for all household members 18 years of age and older, and all other required information and shall make a determination whether or not to approve any resource family home based on such information.

Name: _____
(First, Middle, Maiden/Other Last)

List any Aliases: _____ Date of Birth: _____

Address: _____
(Street, City, State, Zip)

Counties and States I have lived in: _____

I have reviewed and initialed to confirm the following:

 I have not been convicted of any of the following crimes or the attempt, solicitation or conspiracy to commit any of the following crimes including those under Title 18 of the Pennsylvania Consolidated Statutes ("Crimes Code") or equivalent crime in another jurisdiction.

 Chapter 25 (relating to criminal homicide)

 Section 2702 (relating to aggravated assault)

 Section 2709.1 (relating to stalking)

 Section 2901 (relating to kidnapping)

 Section 2902 (relating to unlawful restraint)

 Section 3121 (relating to rape)

 Section 3122.1 (relating to statutory sexual assault)

 Section 3123 (relating to involuntary deviate sexual intercourse)

 Section 3124.1 (relating to sexual assault)

 Section 3125 (relating to aggravated indecent assault)

 Section 3126 (relating to indecent assault)

 Section 3127 (relating to indecent exposure)

 Section 4302 (relating to incest)

 Section 4303 (relating to concealing death of a child)

 Section 4304 (relating to endangering welfare of children)

 Section 4305 (relating to dealing in infant children)

 Section 5902 (b) (relating to prostitution and related offenses)

 Section 5903 (c)(d) (relating to obscene and other sexual materials and performances)

 Section 6301 (relating to corruption of minors)

 Section 6312 (relating to sexual abuse of children); or An equivalent crime under federal law or the law of another state.

- ☐ I have not been convicted of a felony offense under Act 64-1972 (relating to the Controlled Substance Drug Device and Cosmetic Act).
- ☐ I have not been convicted of or am I under pending indictment for any crime (include the dates, location/jurisdiction, circumstances and outcome).
- ☐ I have not been the perpetrator of any report of child abuse that has been indicated or founded.
- ☐ I agree to report any changes of information in criminal history record information or child abuse history about myself or anyone 18 years of age and older who resides in my home, within 48 hours in accordance with The Child Protective Services Law.
- ☐ I agree to report any change in household composition within 30 days in accordance with The Child Protective Services Law.
- ☐ I understand that if I knowingly fail to provide the required information, I will be disapproved as a resource parent and children placed in my home will be immediately removed without a hearing.

I have initialed to confirm that I have provided accurate information relating to the following:

- ☐ Previous addresses.
- ☐ Composition of the resident family unit.
- ☐ Protection from Abuse Orders filed by or against either me or co-applicant.
- ☐ Drug or alcohol related arrests, or hospitalization, or any other criminal history, including, but not limited to, bad checks, forgery, shoplifting, traffic related violations, and truancy.
- ☐ Revocation of driver's license.
- ☐ Evidence of financial stability including income verification, employment history, current liens, mortgage foreclosure, judgments, bankruptcies, and delinquent bills.
- ☐ Number and age of foster children and other dependents currently placed in the home.
- ☐ Detailed information about children with special needs currently living in the home.
- ☐ Previous history as a foster/adoptive parent including number and types of children served.
- ☐ Related education, training or personal experience working with foster children or the child welfare system.

The applicants agrees that they have disclosed all past or present involvement or open cases with the following outside agencies.

☐ Children and Youth Services: If involvement other than your being a foster/kinship parent.
YES / NO _____

☐ Juvenile or Adult Probation:
YES / NO If yes, describe involvement: _____

☐ State or Local Police:
YES / NO If yes, describe involvement: _____

☐ I agree to disclose any future involvement or open cases with the above agencies.

I hereby swear/affirm that the information I provided as is listed above is true and correct to the best of my knowledge and belief. I understand that the penalty for false swearing is a third degree misdemeanor pursuant to Section 4903 (b) of the "Crimes Code."

Name: _____
(Print)

Signature: _____ Date: _____

Coordinator/Facilitator: _____
(Print)

Signature: _____ Date: _____

Act 160 Resource Family Information Verification Form

Caregiver Name: _____

Date	Worker	Action	Method Used/Comments
		Obtained information on drug or alcohol related arrests, including conviction of driving under the influence?	
		Obtained information related to any criminal history, including, but not limited to, bad checks, forgery, shoplifting, traffic related violations, and truancy.	
		Obtained information regarding any involvement with the child welfare system. Requested applicant to sign a release of information to obtain information from another agency and/or the county children and youth agency in the counties where the applicant has resided.	
		Obtained the applicant's previous addresses within the last ten years, and the composition of the present resident family unit has been confirmed.	
		Obtained information relating to Protection from Abuse (PFA) Orders filed by or against either applicant.	
		Obtained information as to revocation of applicant's driver's license.	
		Obtained evidence of financial stability from applicant, including, but not limited to liens, mortgage foreclosures, judgments, and bankruptcies.	
		Obtained information that applicant is current on all bills, including, but not limited utilities, mortgage/rent, cellular, student loans, and car payments.	
		Obtained information relating to the number and age of foster children, other dependents, and children with special needs currently placed/living in the home.	
		Obtained information about the applicant's history as a foster parent, including the number and types of child/ren served, applicant's education, training or personal experience working with foster children or the child welfare system.	

Family Pathways

100 Brugh Avenue

Butler, PA 16001

Phone: (724) 284-9440 Fax: (724) 284-9441

Consent Form for Release of Information

Name of Client: _____ D.O.B.: _____
Client Address: _____
Client Telephone: _____

I hereby authorize **Family Pathways** (please check):

_____ To **Release** information from the records of _____
to the Name and Address below to include:
_____ To **Obtain** information from the records of _____
from the Name and Address below to include:

- | | | |
|---------------------------------------------------|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> All Records | <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Verbal Communication |
| <input type="checkbox"/> Social History | <input type="checkbox"/> Therapy Notes | <input type="checkbox"/> Dates of Service |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Medication Maintenance | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Other: Specify |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Lab Reports | |

For the Purpose of: Case Management Communication

Name of Agency: _____
Address: _____
Phone: _____

I understand the following:

- That my records are protected under applicable federal and state regulations and that I have been provided with a copy of the *Notice of Privacy Practices*.
- That my health records will not be released or obtained by Family Pathways unless my permission is given as authorized by my signature below.
- That release of my health records will be for the purpose stated on this form and only the items indicated will be released.
- That the health records released by agency/person above may possibly be re-disclosed by the outside agency that receives the records and therefore Family Pathways has no further responsibility as a result of the re-disclosure and that such information would no longer be protected by the Privacy Rule.
- That this release is valid from only date: _____ to date: _____ and should not exceed **1 year** unless specified to be used for school consultation in a given school year for a specific named school. **This information is limited to the dates specified.**
- That I have a right to revoke this authorization at any time by sending a written note to the agency.
- That my decision to revoke authorization does not apply to any prior records that were sent after being authorized for release.
- That I am entitled to a copy of this form. I have accepted a copy of this form: _____ Yes _____ No

I affirm that _____ was physically unable to sign the above consent. He/She verbally indicated this voluntary consent to treatment and fully understands the nature of the release.

Signature of Client, legal guardian or Power of Attorney _____ Date _____

Coordinator/Facilitator's Signature _____ Date _____