

COMMON SENSE ADOPTION SERVICES DISCLOSURE STATEMENT

Please mark one:

Foster/Adoptive Applicant

Household Member, age 18 +

As required by 23 Pa. C.S. §§ 6301-6385 known as The Child Protective Services Law (CPSL), and as amended by Act 160 of 2004.

I, the undersigned, understand that pursuant to the CPSL, Common Sense Adoption Services (CSAS) must obtain information to conduct a background check on me and that I have the responsibility to provide accurate information about myself.

I understand that CSAS shall have access to and review criminal history record information (CHRI), and child abuse history clearances for me and shall determine whether or not to approve a resource family based on this or any other required information.

- 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 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) committed within the past five years.

- I have **not** been the perpetrator of any report of child abuse that has been indicated or founded.

- I have **not** been convicted of or am under pending indictment for any crime.

*** If yes, provide a detailed description of the situation and any outcome of proceedings.**

- I have **not** had any Protection From Abuse Orders (PFA) filed by or against me.

***If yes, provide a detailed explanation of the situation(s).**

- I have **not** had any drug or alcohol related: arrests (whether or not criminal charges or judicial proceedings are pending); convictions; and/or hospitalizations within the past 10 years.

***If yes, provide a detailed explanation of the situation(s).**

For Applicants completing this document - I have provided accurate information relating to the following:

- Previous addresses within the last ten years.
- Protection from abuse orders filed by or against me.
- Details of any proceedings from family court that involved me.
- Drug or alcohol related:
 - * arrests, whether or not criminal charges or judicial proceedings are pending;
 - * convictions; and/or
 - * hospitalizations within the last ten years.
- Evidence of financial stability including income verification, employment history, current liens and bankruptcy findings within the last ten years.
- Detailed information about all of the people who live in my home including foster children, other dependents and any special needs that impact these dependents.
- Related education, training or personal experience that I have working with foster children or the child welfare system.
- I agree to report any changes of information in criminal history record information or child abuse history clearances 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 foster parent and foster children placed in my home will be immediately removed without a hearing.

For Applicants and Adult Household Members completing this form:

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

Name: _____
Type/Print

Signature: _____ Date: _____

Agency Representative: _____
Type/Print

Signature: _____ Date: _____