



LUZERNE COUNTY
CHILDREN AND YOUTH SERVICES

111 North Pennsylvania Boulevard Suite 110, Wilkes-Barre, PA 18701-3697
(570) 826-8710 · Fax Number: 570-821-7355
TDD (570) 825-1860

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 Luzerne County Children and Youth Services 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 (CHRI), 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

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	(related 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) committed within the past five years.

I have not been convicted of or am under pending indictment for any crime (including 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 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 provided accurate information relating to the following:
- Previous addresses within the last ten years.
 - Composition of the resident family unit.
 - Protection from Abuse Orders filed by or against either myself or co-applicant.
 - Details of any proceedings in family court.
 - Drug or alcohol related arrest, whether criminal charges or judicial proceedings are pending and convictions or hospitalizations within the last ten years.
 - Evidence of financial stability including income verification, employment history, current liens and bankruptcies within the last ten years.
 - Number and age of foster children and others 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.

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 misdemeanor of the third degree pursuant to Section 4903 (b) of the "Crimes Code."

Name: _____
Type/Print

Signature: _____ **Date:** _____