Resource Family Application Registration / Update Form (CY 131) Instructions	
Submit to	**Pennsylvania Adoption Exchange, P.O. Box 4469, Harrisburg PA 17111-0469, 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

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

		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

		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.

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