

471 JPLwick Drive  
PO BOX 4560  
Harrisburg, PA 17111

(717) 236-8490 Phone  
(888) 793-2512 Toll Free  
(717) 236-8510 Fax

**Diakon Lutheran Social Ministries**  
in partnership with  
**Family Design Resources**  
The Prime Contractor for the Statewide Adoption Network

# Fax

To: **SWAN Network**

From: **Jane Johnston**

Fax:

Date: **January 13, 2006**

Re: **Release of information from the** Pages: **2**

**Resource Family Registry**

Urgent     For Review     Please Comment     Please Reply     Please Recycle

The Resource Family Registry is pleased to announce that the Department of Public Welfare has approved requests to permit release of previous agency affiliation (PAA) information by telephone (800-277-0225), fax (717-236-8510) or email ([dsariano@diakon-swan.org](mailto:dsariano@diakon-swan.org)). The individual who requests this information must provide the name and Social Security number of the family for whom the information is needed as well as the reason for the request, i.e., to complete the family's application to become a foster, adoptive or kinship family. Also, they must provide the name, address and main telephone number of the agency making the request. Requested information will be sent by our office to the agency's licensed address.

The following is a list of the information that can be released to agencies that request the PAA for resource family applicants:

- **The name, date of birth, gender, marital status, race and ethnicity of applicants.**
- **The date(s) of the resource family application.**
- **The current and previous home addresses of applicants.**
- **The county of residence of applicants.**
- **The name, date of birth, gender and relationship of all household members.**



- **The name, address and telephone number of any current and previous foster family care agency or adoption agency affiliated with the applicants.**
- **The approval or disapproval disposition of applicants and the date and basis for the disposition.**
- **The type of care the resource family will provide.**
- **The number of children that may be placed in the resource family home.**
- **The age, race, gender, level of special need, characteristics and behaviors of children that may be placed in the resource family home.**
- **The family issues for a child that the resource family wishes to care for.**
- **The resource family's ability to provide care for sibling groups.**
- **The resource family's feelings regarding openness and contact with birth families.**
- **The occupation, special needs training or experience of applicants.**
- **The type of neighborhood in which the applicant lives (rural, urban, suburban).**
- **The date and reason for any closure of the resource family home.**
- **Appeal activity of resource family applicants or approved resource families, the basis for appeals, the status and disposition of all appeal related activities.**

When completing the CY 131 form, please do not use the "Pending" box on page 2. The form is required by Act 160 of 2004 to be submitted only when an applicant is approved or disapproved.

Near the bottom of page 3 is a "STOP HERE" box. If the applicant family is not interested in having matches for a child suggested, please check this box and do not complete the rest of the form. However, all forms must still have a signature on page 4.

Should you have any questions, we can be reached at 1-800-227-0225 extensions 1242, 5385 or 5362.