the Chickasaw Nation

Bill Anoatubby
Governor

Department of Family Services / Family Support Division
Foster Care Services
720 Colony Drive / Ada, OK 74820 / (580) 310-7900 / Email address: FosterCare@Chickasaw.net

Foster Care Program Application

County of residence: _____

Check one: ☐ Foster home ☐ Kinship/relative home

How did you hear about our program?

☐ Recruitment booth, please list event or location: _____

☐ Radio, please list: _____

☐ Newspaper, please list: _____

☐ Website/search engine, please list: _____

☐ Email/newsletter, please list: _____

☐ Foster parent, please list: _____

☐ Other, please explain: _____

Identifying information:

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Directions to physical address: _____

Foster care applicant no. 1: _____
First Middle Last Suffix

Maiden: _____ Birth date: _____ Social Security no.: _____

Race: _____ Tribal affiliation: _____

No. of consecutive years living in Oklahoma: _____ No. of marriages: _____

Divorce date(s): _____

Home phone no.: (___) _____ Cell phone no.: (___) _____ Work phone no.: (___) _____

Email address: _____

Educational history: (Check highest completed grade or specify advanced degree)

High school: ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ HSE/GED Date of completion: _____

Name of high school: _____

Location of high school: _____

Secondary education:

Name of college(s)/vo-tech(s): _____

Location of college(s)/vo-tech(s): _____

Date(s) of completion: _____

Degree(s) earned: _____

Employment history:

Current employer: _____

Job title: _____ Date employed: _____

Address: _____

Phone no.: (___) _____ Gross monthly income: _____

Previous employer(s): _____

_____

_____

Date employed: _____

Reason for leaving: _____

Foster care applicant no. 2: _____
First Middle Last Suffix

Maiden: _____ Birth date: _____ Social Security no.: _____

Race: _____ Tribal affiliation: _____

No. of consecutive years living in Oklahoma: _____ No. of marriages: _____

Divorce date(s): _____

Home phone no.: (___) _____ Cell phone no.: (___) _____ Work phone no.: (___) _____

Email address: _____

Educational history: (Check highest completed grade or specify advanced degree)

High school: ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ HSE/GED Date of completion: _____

Name of high school: _____

Location of high school: _____

Secondary education:

Name of college(s)/vo-tech(s): _____

Location of college(s)/vo-tech(s): _____

Date(s) of completion: _____

Degree(s) earned: _____

Employment history:

Current employer: _____

Job title: _____ Date employed: _____

Address: _____

Phone no.: (___) _____ Gross monthly income: _____

Previous employer(s): _____

_____

Date employed: _____

Reason for leaving: _____

Other members of the household (including children, relatives and non-relatives). All persons must be listed.

Full name	Relationship	Birth date *MM-DD-YYYY*	Gender	Social Security no. *XXX-XX-XXXX*	School

Children out of the home:

Full name	Birth date *MM-DD-YYYY*	Gender	Address	Reason out of the home

Home: ☐ Rent ☐ Own If owner, year built: _____ No. of bedrooms: _____ Square footage: _____

Nearest school(s):

Elementary school	Middle school	High school

List all previous experience or applications as a child care provider, foster parent, kinship provider, adoptive home and/or a therapeutic foster care (TFC) parent. Include county, agency names (e.g., Department of Human Services (DHS)) and approximate certification and closure dates.

_____

Agency (tribe, TFC, DHS, child care, etc.) County Approximate certification and closure date

Reason for closure: _____

_____

Agency (tribe, TFC, DHS, child care, etc.) County Approximate certification and closure date

Reason for closure: _____

Have you or any member of your household been arrested or convicted of a criminal action and/or currently on probation or parole? ☐ Yes ☐ No

If yes, explain: _____

_____

Have you or any member of your household been investigated for child physical abuse, sexual abuse or neglect? ☐ Yes ☐ No

If yes, explain: _____

_____

Child needs information list:

A) Will you accept a child whose parent(s) or caretaker(s):

	Yes	No	Negotiable
Abused a child	☐	☐	☐
Exposed a child to sexual activity	☐	☐	☐
Has a criminal record	☐	☐	☐
Has a venereal disease (VD)	☐	☐	☐
Has Acquired Immune Deficiency Syndrome (AIDS)	☐	☐	☐
Has a history of drug use	☐	☐	☐
Has mental health diagnosis	☐	☐	☐
Is an alcoholic	☐	☐	☐
Is developmentally disabled	☐	☐	☐
Is human immune deficiency virus positive (HIV+)	☐	☐	☐
Sexually abused the child	☐	☐	☐
Sniffed paint, glue or inhalant	☐	☐	☐
Other: _____	☐	☐	☐

B) Will you accept a child who has these behaviors and/or emotional issues?

	Yes	No	Negotiable
Aggressive, hostile	☐	☐	☐
Bed wetting	☐	☐	☐
Cruelty to animals	☐	☐	☐
Defiant	☐	☐	☐
Destructiveness	☐	☐	☐
Extreme fearfulness	☐	☐	☐
Extreme shyness	☐	☐	☐
Fighting with other children	☐	☐	☐
Fire setting	☐	☐	☐
Frequent crying	☐	☐	☐
Hyperactivity	☐	☐	☐
Lying	☐	☐	☐
Mourning family of origin	☐	☐	☐
Mourning foster parents	☐	☐	☐
Problematic sexual behaviors	☐	☐	☐
Sexually abusing others	☐	☐	☐
Sexually active	☐	☐	☐
Stealing	☐	☐	☐
Swearing or foul language	☐	☐	☐
Temper tantrums	☐	☐	☐
Truancy	☐	☐	☐
Use of drugs and/or alcohol	☐	☐	☐
Withdrawn	☐	☐	☐

C) Will you accept a child with special needs? (e.g., physical, intellectual disability or severe mental health concerns) ☐ Yes ☐ No

D) Are there any physical or intellectual disabilities or mental health concerns you are not willing to work with?

	Yes	No	Negotiable
AIDS	☐	☐	☐
Amputation	☐	☐	☐
Asthma	☐	☐	☐
Attachment problems/disorder	☐	☐	☐
Attention deficit disorder	☐	☐	☐
Blind or partially blind	☐	☐	☐
Cast/broken bones	☐	☐	☐
Cerebral palsy	☐	☐	☐
Child of incest	☐	☐	☐
Chronic ear infection	☐	☐	☐
Cleft palate	☐	☐	☐
Cystic fibrosis	☐	☐	☐
Deaf or hearing impaired	☐	☐	☐
Developmental delays	☐	☐	☐
Diabetes	☐	☐	☐
Down syndrome	☐	☐	☐
Drug affected	☐	☐	☐
Educational deficits	☐	☐	☐
Encopresis (bowel movement in pants)	☐	☐	☐
Enuresis (wetting bed and/or pants)	☐	☐	☐
Epilepsy (seizures)	☐	☐	☐
Fetal alcohol syndrome	☐	☐	☐
Heart defect or disease	☐	☐	☐
Hemophilia	☐	☐	☐
HIV+	☐	☐	☐
Intellectual disability: mild	☐	☐	☐
Intellectual disability: moderate	☐	☐	☐
Intellectual disability: severe	☐	☐	☐
Learning disability	☐	☐	☐
Muscular dystrophy	☐	☐	☐
Orthodontic problems	☐	☐	☐
Orthopedic	☐	☐	☐
Partial paralysis	☐	☐	☐
Physical therapy	☐	☐	☐
Psychiatric care/counseling	☐	☐	☐
Scoliosis	☐	☐	☐
Shaken baby syndrome	☐	☐	☐
Sickle cell anemia	☐	☐	☐
Speech problems	☐	☐	☐
Terminal illness	☐	☐	☐

E) What is your placement preference?
Gender: ☐ Male ☐ Female ☐ Either Twins: ☐ Yes ☐ No Age range: _____

No. of children preferred: _____

_____ _____
Applicant no. 1 signature Date

_____ _____
Applicant no. 2 signature Date