the
Chickasaw Nation
Department of Family Services
Child Welfare Services
1401 Hoppe Blvd. / Ada, OK 74820 / (580) 272-5550

Bill Anoatubby
Governor

Foster Care and Adoption Program Application

County of residence: _____

Check one:

☐ Foster home ☐ Adoptive home
☐ Foster and adoptive 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 name(s): _____
☐ Other, please explain: _____

Identifying Information:

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Directions to physical address: _____

Female Applicant: _____
First Middle Last Maiden

Birthdate: _____ SSN: _____
Race: _____ Tribe: _____
Roll no: _____ CDIB no: _____
Number of consecutive years living in Oklahoma: _____ Number of marriages: _____
Divorce date(s): _____

Cell phone number: _____ Work phone number: _____
Home phone number: _____ Email address: _____

Educational History: Check Highest Completed Grade or Specify Advanced Degree

High school: ☐ 9 ☐ 10 ☐ 11 ☐ 12 or ☐ GED
Name of high school: _____
Location of high school: _____
Date of completion: _____

Form no. 06273 FS-FS Rev. 6/2015

College:
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 number: _____ Gross monthly income: _____
Previous employer(s): _____

_____

_____
Date employed: _____
Reason for leaving: _____

Male applicant: _____
First Middle Last

Birthdate: _____ SSN: _____
Race: _____ Tribe: _____
Roll no: _____ CDIB no: _____
Number of consecutive years living in Oklahoma: _____ Number of marriages: _____
Divorce date(s): _____

Cell phone number: _____ Work phone number: _____
Home phone number: _____ Email address: _____

Educational History: Check Highest Completed Grade or Specify Advanced Degree
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Phone number: _____ Gross monthly income: _____
Previous employer(s): _____

_____

_____
Date employed: _____
Reason for leaving: _____

Other Members of the Household (including children, relative and non-relatives). All persons must be listed.

Full Name	Relationship	Birthdate *MM-DD-YYYY*	Gender	Social Security # *XXX-XX-XXXX*	School

Children Out of the Home:

Full Name	Birthdate *MM-DD-YYYY*	Gender	Address	Reason Out of the Home

Home: ☐ Rent ☐ Own If owner, year built: ____ Number of bedrooms: _____ Square footage: _____

Nearest schools: Elementary: _____ Middle: _____ High school: _____

List all previous experience or applications as a child care provider, foster parent, kinship provider, adoptive home and/or a TFC parent. Include county, agency names and approximate certification and closure dates.*

_____

Agency (Tribe, TFC, DHS, Child Care, Etc.) County Approximate closure date

_____

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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	☐	☐	☐
Has a criminal record	☐	☐	☐
Is an alcoholic	☐	☐	☐
Has a venereal disease (VD)	☐	☐	☐
Exposed a child to sexual activity	☐	☐	☐
Has history of drug use	☐	☐	☐
Is mentally retarded	☐	☐	☐
Is mentally ill	☐	☐	☐
Sexually abused the child	☐	☐	☐
Sniffed paint, glue or inhalant	☐	☐	☐
Has Acquired Immune Deficiency Syndrome (AIDS)	☐	☐	☐
Is human immune deficiency virus positive (HIV+)	☐	☐	☐
Other: _____			

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

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

C) Will you accept a special needs child with any of the following?

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

D) What is your placement preference?

Gender: ☐ Male ☐ Female ☐ Both Age range: _____

Twins: ☐ Yes ☐ No Number of children preferred: _____

_____ _____

Female applicant's signature Date

_____ _____

Male applicant's signature Date