



**Citizen Potawatomi Nation
Fire Lodge Children & Family Services
Indian Child Welfare**

1601 S. Gordon Cooper Drive
Shawnee, OK 74801
(405) 878-4831

Dear _____,

In order to consider your home for certification, we will need the following information/
documentation on you and your family:

- _____ Complete addresses for 4 references. (listed in application)
- _____ Two pictures of yourself and of your home.
- _____ Medical reports (enclosed). Not more than two years old: A statement from your family doctor that you both are in good health and able to care for a child.
- _____ Marriage License (if applicable)
- _____ Divorce Decree (if applicable)
- _____ Financial Statement (enclosed) and income tax documents from previous 2 years
- _____ Consent forms for all individuals in the home age 18 or over:
 - DHS Request for Background Check (1form for OSBI and 1 form for fingerprints)
 - Department of Public Safety/DPS
 - Department of Human Services Child Welfare History check/CANIS
- _____ Completed fingerprint cards
- _____ Copy of CDIB/ enrollment card for all Native Americans in the home
- _____ Copy of driver's license for all individuals in the home age 18 or over
- _____ Copy of social security card for all individuals in the home age 18 or over
- _____ Copy of insurance verification for all vehicles
- _____ Copy of pet vaccinations (if applicable)

Sincerely,

Indian Child Welfare

cc: File

B. Description of Applicant:

Husband:

- 1. Age of applicant: _____
- 2. Date of Birth: _____
- 3. Place of Birth: _____
- 4. Primary Ethnicity: _____ Hispanic origin: ___ Yes ___ No
- 5. Citizenship: _____
- 6. Tribal Affiliation & roll number: _____
- 7. Physical Characteristics: Eyes _____
Hair _____
Height _____
Weight _____
- 8. Social Security Number: _____

Wife:

- 1. Age of applicant: _____
- 2. Date of Birth: _____
- 3. Place of Birth: _____
- 4. Primary Ethnicity: _____ Hispanic origin: ___ Yes ___ No
- 5. Citizenship: _____
- 6. Tribal Affiliation & roll number: _____
- 7. Physical Characteristics: Eyes _____
Hair _____
Height _____
Weight _____
- 8. Social Security Number: _____

C. Other Household Members

1. List all other members living in the household:

Name	DOB	Sex	Relationship	Employed	
_____	_____	___	_____	Y	N
_____	_____	___	_____	Y	N

_____	_____	_____	_____	Y	N
_____	_____	_____	_____	Y	N
_____	_____	_____	_____	Y	N

2. Provide names & addresses of all adult children no longer in the home:

D. Previous Marriages

Husband

Wife

1. Have you been previously married?	_____	_____
2. If yes, how many times?	_____	_____
a. To Whom?	_____	_____
b. Dates of marriage:	_____	_____
c. How marriage terminated:	_____	_____

3. Any children from previous marriage?	Y	N	Y	N
a. Names and birthdates:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

E. Education:

Husband

Wife

1. Highest grade completed:	_____	_____
2. Degrees obtained & year:	_____	_____
3. High School attended:	_____	_____
4. College Attended:	_____	_____
5. List any specialized training:	_____	_____
	_____	_____

6. What are your educational expectations of any children you have or may have in the future? _____

F. Employment

1. **Husband-** List employment for the last 10 years and account for time periods between places of employment.

Occupation	Employer	Dates	Reason concluded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you consider present employment to be permanent? Y N

If no, what are your future plans? _____

2. **Wife-** List employment for the last 10 years and account for time periods between places of employment.

Occupation	Employer	Dates	Reason concluded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you consider present employment to be permanent? Y N

If no, what are your future plans? _____

G. Military History

Husband

Wife

- 1. Branch of service & rank: _____
- 2. Date of entry: _____
- 3. Date & type of discharge: _____
- 4. Any injuries from service: _____

H. Arrest History

Husband

Wife

Have you ever been convicted of a misdemeanor or felony? Y N Y N

If yes, please explain (include dates, county, state, and charge)

Husband: _____

Wife: _____

I. Health

1. Describe any handicaps, serious illnesses, or operations during the past ten years.

Provide approximate dates and degree of recovery. Describe your current health now.

Husband: _____

Wife: _____

2. Have you ever or are you currently receiving treatment for a nervous or mental disorder? Provide dates, diagnoses, and treatment.

Husband: _____

Wife: _____

3. Briefly explain the results of any infertility study (if applicable) _____

J. Interests and activities

1. Are you involved in any social, fraternal, or civic organizations in your community?

Husband: _____

Wife: _____

2. What are your major leisure time activities or hobbies?

Husband: _____

Wife: _____

3. What other activities do you engage in?

Husband: _____

Wife: _____

4. Church participation (*optional*)

a. We are members of _____
(Church name)

in _____ for approximately _____ year(s).
(City/location)

b. We participate in the following church activities:

- Attend worship regularly _____
- Attend a bible class _____
- Teach a bible class _____
- Attend other church activities _____
- Involved in special ceremonies _____
- Sing in a choir/ play an instrument _____
- Member of supervisory body _____
- Attend other church activities _____
- Involved in volunteer services _____

c. Our present pledge to the church budget is \$_____ monthly

K. References:

Give the name and addresses of four persons who are well acquainted with your family.
If a relative is listed, give relationship.

NAME	ADDRESS	PHONE # (optional)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

L. Description of home:

1. Do you live in a _____ city _____ small town _____ rural area
2. Do you live in a _____ house _____ apartment _____ mobile home
3. School District: _____
4. Are there any stairs in your home? _____
5. Number of bedrooms _____ Number of beds _____
6. Number of bathrooms _____
7. Is the home owned or rented? _____ Monthly mortgage/ rent \$ _____
8. How long have you lived at this address? _____

9. List previous addresses and dates of residence if you have not lived in your current residence for more than 5 years.

ADDRESS

DATES

10. Sketch a small floor plan of your home on the remainder of this page.

M. Family Background

Husband:

1. Father's name: _____ DOB: _____

Deceased? Y N If yes, please state date and cause: _____

Present address: _____ Current/ last occupation: _____

Describe you and your father's relationship, both past and present: _____

2. Mother's name: _____ DOB: _____

Deceased? Y N If yes, please state date and cause: _____

Present address: _____ Current/ last occupation: _____

Describe you and your mother's relationship, both past and present: _____

3. Number of brothers: _____ Number of sisters: _____

Describe your current relationship with your siblings (frequency of contact, order of birth, location from you, etc.) _____

4. If a grandparent is still living, what is their relationship to you and what is their age?

5. During your childhood and youth did your family acknowledge your cultural heritage?

Y N If yes, how? _____

Wife:

1. Father's name: _____ DOB: _____

Deceased? Y N If yes, please state date and cause: _____

Present address: _____ Current/ last occupation: _____

Describe you and your father's relationship, both past and present: _____

2. Mother's name: _____ DOB: _____

Deceased? Y N If yes, please state date and cause: _____

Present address: _____ Current/ last occupation: _____

Describe you and your mother's relationship, both past and present: _____

3. Number of brothers: _____ Number of sisters: _____

Describe your current relationship with your siblings (frequency of contact, order of birth, location from you, etc.) _____

4. If a grandparent is still living, what is their relationship to you and what is their age?

5. During your childhood and youth did your family acknowledge your cultural heritage?

Y N If yes, how? _____

N. Additional Information:

1. How did you learn about the FireLodge Children and Family Services foster care/ adoption program?

2. Are you applying for kinship foster care (a minor relative in need of foster care)?
 Yes No

3. What kind of care are you interested in doing? Please check all that apply.

- Respite/ Emergency Care- 24 hours to four weeks
- Short term foster care- under one year
- Long term foster care- over one year
- Foster care leading to a permanent placement (i.e., adoption)
- Foster care only
- Adoption only
- Other _____

4. What ages of children can your family accept and best provide for and why?

5. Do you prefer to have a certain gender in your home?

- Male Female No Preference

6. Do you have a preference for a particular ethnicity or certain tribal affiliations?

- Yes No

If yes, please explain your preferences:

7. Would you be willing to foster siblings?

- Yes No

If yes, how many children could your family provide for?

- 2 3 4 5

8. Are you willing to care for children with special needs?

- Yes No

If yes, are there any special needs you feel you could **not** provide for? Check all that apply.

- Behavior disorder or emotionally disturbed (ADHD, Post- Traumatic Stress Disorder. etc.)
 Special medical conditions (asthma, physical handicap, HIV/AIDS)
 Developmentally delayed
 Sexually abused children/ sexualized behaviors
 Drug/ alcohol exposed or addicted
 Premature infants
 School/learning problems

9. Is everyone who resides in the home in agreement with the decision to be a foster/ adoptive home?

- Yes No

If no, please explain why.

10. Are you and your spouse willing to attend training if approved as a foster/ adoptive placement?

- Yes No

11. Have you ever applied for foster care or adoption with another agency?

- Yes No

If yes, please provide the following information:

NAME OF AGENCY

APPROXIMATE DATE

PHONE #



**Citizen Potawatomi Nation
Fire Lodge Children & Family Services
Indian Child Welfare**

1601 S. Gordon Cooper Drive
Shawnee, OK 74801
1-800-880-9880

Foster Home Applicant – Physical Examination Report

NOTE: This form may be used by the physician in lieu of a narrative or other type report form.

Name: _____ Age: _____ Height: _____ Weight: _____

Address: _____ County: _____

Physical Health History: (check block to indicate history of any of the following)

Convulsive Disorder Heart Disease Tuberculosis

Venereal Disease Recent major injury or operation Other

(specify) _____

Result of treatment for any item(s) checked above:

Complete Recovery Partial Recovery Continued Incapacity General

Current Physical Condition:

Current Medication(s) for Physical Health:

Mental Health History: (check block to indicate history of any of the following)

Depression Bipolar PTSD

Self-harm or suicidal tendencies Other

(specify) _____

Result of treatment for any item(s) checked above:

Complete Recovery Partial Recovery Continued Incapacity

Current Mental Condition:

Current Mental Health Medication(s):

Check block if patient is subject to any of the following symptoms or conditions:

Headache Fainting Orthopedic Handicap Asthma

Other (specify) _____

PHYSICAL EXAMINATION: (check block if normal, explain if any evidence of abnormality)

Vision _____ Hearing _____ Blood Pressure _____

Lungs _____ Heart _____

Attach laboratory reports, as indicated, for tuberculosis, urine, etc.

List **all** medications the patient has taken over the past 12 months:

Over what period of time have you known the patient professionally? _____

Does the patient have any condition that would impair ability to care for children?

Physical: Yes No

Mental: Yes No

If yes, please explain: _____

Examination Date: _____

Physician: _____

Print Name

Signature

Address: _____

Telephone: _____

Fax: _____



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(specify) _____

Result of treatment for any item(s) checked above:

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Current Physical Condition:

Current Medication(s) for Physical Health:

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Self-harm or suicidal tendencies Other

(specify) _____

Result of treatment for any item(s) checked above:

Complete Recovery Partial Recovery Continued Incapacity

Current Mental Condition:

Current Mental Health Medication(s):

Check block if patient is subject to any of the following symptoms or conditions:

Headache Fainting Orthopedic Handicap Asthma

Other (specify) _____

PHYSICAL EXAMINATION: (check block if normal, explain if any evidence of abnormality)

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Physical: Yes No

Mental: Yes No

If yes, please explain: _____

Examination Date: _____

Physician: _____

Print Name

Signature

Address: _____



Telephone: _____

Fax: _____

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Foster Family Financial Statement
(The Information on this is confidential)

I. Financial statement average monthly income:

Husband's Gross: _____ Wife's Gross: _____

Other: _____

Other income includes child support, investments, retirement, (if applicable) etc. Please indicate which. Family's total take-home per month: _____

MONTHLY BUDGET

1. Housing (own____rent____) _____

2. Utilities _____

3. Food _____

4. Medical (drugs, doctor, dentist) _____

5. Insurance (life, home, car, etc.) _____

6. Vehicle payment(s) _____

7. Tax Exempt Contributions _____

8. Day Care/school expenses _____

9. Entertainment _____

10. Clothing _____

11. Gasoline _____

12. Miscellaneous (allowances, spending money,
incidentals) _____

13. Credit Card and Installment payments (list all)

TOTAL: _____

Signature

Signature

Subscribed and Sworn to me before this _____ day of _____, 200_____.

My commission expires: _____.

Notary Public _____

THIS FOSTER HOME APPLICATION WILL NOT BE ACCEPTED UNTIL COMPLETED AND NOTARIZED.

