

CHOICES FOR LIFE FOSTER CARE

Resource Applicant Information

Applicant one (mother)

Name		Date of birth	Social Security Number	
Race	States lived in within the last five years			
Certificate of degree of Indian blood (CDIB)		Consecutive years living in Oklahoma		
Tribe		Roll Number		
Present marriage date		Number of previous marriages	Divorce date(s)	
Grade completed	Advanced degree	School name and location	Completion date	
Current occupation		Name of employer		
Supervisor		Area code	Phone	
Employer street address		City	State	Zip
Approximate total monthly take-home pay				
Have you served in the armed forces? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Provide a copy of DD Form 214, Certificate of Release of Discharge from Active Duty				

Applicant two (father)

Name		Date of birth	Social Security Number	
Race	States lived in within the last five years			
Certificate of degree of Indian blood (CDIB)		Consecutive years living in Oklahoma		
Tribe		Roll Number		
Present marriage date		Number of previous marriages	Divorce date(s)	
Grade completed	Advanced degree	School name and location	Completion date	
Current occupation		Name of employer		
Supervisor		Area code	Phone	
Employer street address		City	State	Zip
Approximate total monthly take-home pay				
Have you served in the armed forces? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Provide a copy of DD Form 214, Certificate of Release of Discharge from Active Duty				

Home phone	Cell phone	Cell phone	
Street address / P.O. Box	City	State	Zip
Directions to your home			
E-mail address		E-mail address	

Other household members, including children, foster children, relatives, and non-relatives.

All persons must be listed.

Name, including Last name	Relationship	Age	Gender	Social Security No.	Employment/School

Children under 18 years of age not living in the home:

Name	Age	Address	Reason out of home

Description of home:

Home Rent <input type="checkbox"/> Own <input type="checkbox"/>	Number of rooms	Square footage	Number of bedrooms
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Other applicant information.

Have you ever applied to foster or adopt or provide child care? If yes, list name and address of agency or person: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you or any household member:		
• had any criminal charges filed or been arrested? If yes, explain: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• entered a plea of guilty or nolo contendere to a crime? If yes, explain: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• been investigated for child physical abuse, sexual abuse, or neglect? If yes, explain: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

List six personal references, **only one of whom is a family member.**

Name	Address and phone	Relationship

List the name of school principal, counselor, or a teacher for each school-age child. Use additional sheet if necessary.

Child's Name	School name and phone	Grade	School official to contact

Do you home school any of your children? Yes No

List all children 18 years of age or older of each applicant. Use additional sheet if necessary.

Name	Address and phone	Do you have contact?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

My signature indicates that I have authorized the information provided to be submitted for investigation through the OSBI, Public Safety and Central Child Abuse Registry and agency contact of references listed above. Failure of all members of the household over the age 18 to sign this will automatically result in denial of the application.

Signed _____
Applicant one Date

Other Adult Member of Household Date

Signed _____
Applicant two Date

Other Adult Member of Household Date