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United Keetoowah Band of Cherokee Indians
Department of Indian Child Welfare

18300 W. Keetoowah Circle Tahlequah, OK 74464 ✸ P.O. Box 746 Tahlequah, OK 74465 (918) 871-2800 (918) 414-4034 [Fax]

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

Applicant 1 Last Name	First Name	Middle Name
Applicant 2 Last Name	First Name	Middle Name

Home Telephone Number: ______________________________

Work Phone Number: ______________________________

Work Phone Number: ______________________________

Cell / Other Number(s): ______________________________

Marital Status: ☐ Single ☐ Separated ☐ Divorced ☐ Widowed
☐ Married ______________________________

Date City County State

Mailing Address: ______________________________

Mailing Address City State ZIP

Physical Address: ______________________________

Physical Address City State ZIP

APPLICANT 1: ____________________________

Birthdate: ____________________ SSN: ____________________

Ethnicity: ____________________ Tribe (If Applicable): ____________________

Roll No. (If Applicable): ____________________ CDIB (If Applicable): ____________________

Hair Color: ________ Height: ________ Eye Color: ________ Language: ______________

Place of Birth: ________________________________

Number of consecutive years living in Oklahoma: ______________ Number of marriages: ________

Divorce Date(s) (if applicable): ____

Email (if applicable): ____

EDUCATIONAL HISTORY: Check Highest Completed Grade or Specify Advanced Degree

High school: ☐ 9th ☐ 10th ☐ 11th ☐ 12th or ☐ GED

Name of high school: ____

Location of high school: ____

Date of completion: ____

COLLEGE:

Name of college(s)/vo-techs: ____

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

Date(s) of completion: ____

Degree(s) earned: ____

EMPLOYMENT HISTORY: ____________________

Current Employment: ____

Job Title: ______________________ Date Employed: ______________

Address: ____

Address City State ZIP

Phone Number: ______________________ Gross Monthly Income: ______________

Previous Employer(s): ____

Previous Employer Occupation City State

____

Date Employed Reason for leaving

____

Previous Employer Occupation City State

____

Date Employed Reason for leaving

____

Previous Employer Occupation City State

____

Date Employed Reason for leaving

APPLICANT 2: ______________________________

Birthdate: ____________________ SSN: ____________________

Ethnicity: ____________________ Tribe (If Applicable): ____________________

Roll No. (If Applicable): ____________________ CDIB (If Applicable): ____________________

Hair Color: ________ Height: ________ Eye Color: ________ Language: ____________

Place of Birth: ______________________________

Number of consecutive years living in Oklahoma: ____________ Number of marriages: ________

Divorce Date(s) (if applicable): ____

Email (if applicable): ____

EDUCATIONAL HISTORY: Check Highest Completed Grade or Specify Advanced Degree

High school: ☐ 9th ☐ 10th ☐ 11th ☐ 12th or ☐ GED

Name of high school: ____

Location of high school: ____

Date of completion: ____

COLLEGE:

Name of college(s)/vo-techs: ____

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

Date(s) of completion: ____

Degree(s) earned: ____

EMPLOYMENT HISTORY:

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Address: ____

Address City State ZIP

Phone Number: ______________________ Gross Monthly Income: ______________

Previous Employer(s): ____

Previous Employer Occupation City State

____

Date Employed Reason for leaving

____

Previous Employer Occupation City State

____

Date Employed Reason for leaving

____

Previous Employer Occupation City State

____

Date Employed Reason for leaving

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

Full Name	Relationship	Birthdate	Gender	School & Grade

Adult Children Out of the Home:

Full Name	Age	Gender	Married	Town / State	Occupation

HOME:

☐ Rent ☐ Own ☐ Other: ____________________

If owner, year built: __________ Number of Bedrooms: __________ Square Footage: __________

NEAREST SCHOOLS:

Elementary: ____

Middle: ____

High school: ____

List all previous experience or application as a childcare 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, Childcare, Etc.) County Approximate Closure Date

____
Agency (Tribe, TFC, DHS, Childcare, Etc.) County Approximate Closure Date

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	☐	☐	☐

B) Will you accept a child who has these behaviors and/or emotional problems (cont.):

	Yes	No	Negotiable
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	☐	☐	☐
Mental retardation level: moderate	☐	☐	☐
Mental retardation level: 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	☐	☐	☐

	Yes	No	Negotiable
Attention deficit disorder (ADD)	☐	☐	☐

C) Will you accept a special needs child with any of the following (cont.):

	Yes	No	Negotiable
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: ___________

_______________________________________ _______________________

Applicant 1 Printed Name Date

____

Applicant 1 Signature

_______________________________________ _______________________

Applicant 1 Printed Name Date

____

Applicant 2 Signature

****OFFICE USE ONLY****

Received By: ______________________________ Received Date: ______________________