



Choctaw Nation of Oklahoma

Children and Family Services

P. O. Box 1210, DURANT, OKLA. 74702

PHONE: (580) 924-8280

FAX: (580) 924-0689

Foster Care Application

Applicant Father's Full Name: _____

Social Security Number: _____ Date of Birth: __/__/__ Age: _____

Tribe: _____ CDIB Degree: _____

Occupation: _____ Length of Employment: _____

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Business Phone: _____

*E-Mail Address: _____

Applicant Mother's Full Name: _____ (Maiden)

Social Security Number: _____ Date of Birth: __/__/__ Age: _____

Tribe: _____ CDIB Degree: _____

Occupation: _____ Length of Employment: _____

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Business Phone: _____

*E-Mail Address: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Finding directions to home: _____

Member of Household Age Sex Employment /Grade Relation to Head of household

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Education:

Husband: Highest grade completed _____

Degrees completed _____ School: _____ Year _____

Wife: Highest grade completed _____

Degrees completed _____ School: _____ Year _____

Any Specialized Training? _____

School district do you live in: _____

How did you hear about the Choctaw Nation Foster Care Program?

Have you fostered a child/children before? YES / NO If yes, how many? _____

Are you currently approved as a resource home by the state or any other agency?

YES / NO If yes, which agency and for how long? _____

Are you aware Children and Family Services cannot guarantee the length of stay of a child placed in your home? YES / NO

Please write your feelings about why you would like to be a resource home for a Choctaw child and what you feel you have to offer a child or children. (Please feel free to attach additional pages if necessary)

Do you or anyone in your household have any physical handicap difficulties? YES / NO If yes, explain: _____

Would you be willing to take "Special Needs" children (physically, mentally, or emotionally handicapped) in your home? YES / NO Explain: _____

What training or skills do you have to nurture a special needs child?

A physical examination shall be required as a part of being approved as a Choctaw resource family. Would you be willing to provide us with this information? YES / NO

Have you or any member of your family ever had any arrests, convictions, or record of child abuse or other violent crimes? YES / NO

If yes, explain:

Applicant Signature

Date

Applicant Signature

Date