



Choctaw Nation of Oklahoma

Children and Family Services

PO Box 1210 Durant, OK 74702

Tribal Resource Family Application

Purpose

Completion of this form is the first step in the application process for a Tribal resource assessment. This form is processed when all requirement documentation is received. Check each type of tribal resource assessment requested.

Tribal Foster Home Kinship Tribal Foster Home County:

Tribal Resource Applicant Information:

First Name	Middle Name	Last Name
Other Names, Including Maiden	DOB	SSN
Cell Phone Number	Work Phone Number	Are you a US Citizen?
Tribe	CDIB Number	Race?
Are you Married?	Date of Marriage?	Number of Previous Marriages?
Email Address?	Have you lived in Oklahoma last 5 Years?	If not, please list states resided in last 5 years?

Education Information for Applicant 1:

Highest Grade Completed	Advanced Degree	Type of Degree
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Date Completed	Name of School	School Location

Employer Information for Applicant 1:

Current Occupation	Name of Employer	Approximate Take Home Pay
Address	City	State/Zip Code
Supervisor's Name	Phone Number	

Have you or are you currently in the Armed Forces? Yes No Branch:

Tribal Resource Applicant 2 Information:

First Name	Middle Name	Last Name
Other Names, Including Maiden	DOB	SSN
Cell Phone Number	Work Phone Number	Are you a US Citizen?
Tribe	CDIB Number	Race?
Are you Married?	Date of Marriage?	Number of Previous Marriages?
Email Address?	Have you lived in Oklahoma last 5 years?	If not, please list states resided in last 5 years?

Education Information for Applicant 2:

Highest Grade Completed	Advanced Degree	Type of Degree
Date Completed	Name of School	School Location

Employer Information for Applicant 2:

Current Occupation	Name of Employer	Approximate Take Home Pay
Address	City	State/Zip Code
Supervisor's Name	Phone Number	

Have you or are you currently in the Armed Forces? Yes No Branch:

Children Living in the home: Include children, foster children, relatives. All children residing in the home must be listed:

First Name	Middle Name	Last Name
DOB	Gender	SSN
Relationship to Applicant	Grade	Name of School
School Contact Official	School Phone Number	

First Name	Middle Name	Last Name
DOB	Gender	SSN
Relationship to Applicant	Grade	Name of School
School Contact Official	School Phone Number	

First Name	Middle Name	Last Name
DOB	Gender	SSN
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DOB	Gender	SSN
Relationship to Applicant	Grade	Name of School

School Contact Official	School Phone Number	

First Name	Middle Name	Last Name
DOB	Gender	SSN
Relationship to Applicant	Grade	Name of School
School Contact Official	School Phone Number	

Home Information:

Physical Address of Home	City
State	Zip Code

Mailing Address of Home	City
State	Zip Code

Number of Rooms in Home	Number of Bedrooms in Home	Rent or Own Home?
Square Footage of Home	Landline Phone?	Landline Phone Number

Do you have Pets? Yes No If so, please list below:

Type of Pet	Inside or outside?	Are your animals vaccinated? If not, are you willing to get them?

Other Adult Household Members:

First Name	Middle Name	Last Name
Other Names, Including Maiden	DOB	SSN
Gender	Name of Employer or School	Relationship to Applicant

First Name	Middle Name	Last Name
Other Names, Including Maiden	DOB	SSN
Gender	Name of Employer or School	Relationship to Applicant

First Name	Middle Name	Last Name
Other Names, Including Maiden	DOB	SSN
Gender	Name of Employer or School	Relationship to Applicant

First Name	Middle Name	Last Name
Other Names, Including Maiden	DOB	SSN
Gender	Name of Employer or School	Relationship to Applicant

Children under 18 years of age not living in the home. (Please explain why they are no longer in the home)

First Name	Middle Name	Last Name
DOB	Gender	Address
City	State	Zip Code

Reason the child is no longer in the home:

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First Name	Middle Name	Last Name
DOB	Gender	Address
City	State	Zip Code

Reason the child is no longer in the home:

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First Name	Middle Name	Last Name
DOB	Gender	Address
City	State	Zip Code

Reason the child is no longer in the home:

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First Name	Middle Name	Last Name
DOB	Gender	Address
City	State	Zip Code

Reason child is no longer in the home:

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Adult Children Information:

Adult Child's Name	Relationship to Applicant	Phone Number


Additional Information:

What school district do you live in?

Do you home school any child? Yes No If so, please explain:

Have you or any household member had any criminal charges filed or been arrested? Yes No If yes, please explain:

Have you or any household member entered a plea of guilty or nolo contendere to a crime? Yes No If yes, please explain:



Have you or any household member received counseling or in patient treatment? Yes No If yes, please explain:

Have you or any household member been investigated for child abuse or neglect? Yes No If yes, please explain:

References (List 6 personal References, only one of whom is family):

First Name	Middle Initial	Last Name
Relationship to Applicant	Address	City
State	Zip Code	Phone Number

First Name	Middle Initial	Last Name
Relationship to Applicant	Address	City
State	Zip Code	Phone Number

First Name	Middle Initial	Last Name
Relationship to Applicant	Address	City
State	Zip Code	Phone Number

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First Name	Middle Initial	Last Name
Relationship to Applicant	Address	City
State	Zip Code	Phone Number


First Name	Middle Initial	Last Name
Relationship to Applicant	Address	City
State	Zip Code	Phone Number

First Name	Middle Initial	Last Name
Relationship to Applicant	Address	City
State	Zip Code	Phone Number

Motivation:

Have you ever applied to foster, adopt, or provide childcare? Yes No If yes, list the name and agency address or person who facilitated your application.

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Where you an approved foster home? Yes No Please list the name of the agency and the dates below.

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?

Acknowledgment:

I, the undersigned, have provided accurate information and authorize Choctaw Nation of Oklahoma, Children and Family Services (CFS) to use this information including the national criminal background investigation, all out of state child abuse and neglect registry checks, an Oklahoma child abuse and neglect information system check, CFS child abuse and neglect information systems check and all accompanying records, in completing an assessment of the application. I further authorize CFS to

contact references and contact me by email. I understand the failure of all household members of 18 years of age and older to sign this form will result in denial or withdrawal of the application.

I state that the information is true and correct to the best of my knowledge and belief.

Applicant Signature	Date
Applicant Signature	Date
Other Adult Household Member Signature	Date
Other Adult Household Member Signature	Date

Survey:

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

- | | |
|---|--|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> ICW Employee |
| <input type="checkbox"/> Yard Signs | <input type="checkbox"/> Website |
| <input type="checkbox"/> Recruitment Event | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Commercial Ad |
| <input type="checkbox"/> Family / Friend | |
| <input type="checkbox"/> Other (Please explain) | |