



Phone: 918-540-1536
JDJacobs.oto@gmail.com

13 S. 69A
Miami, OK 74355

Foster Care/Adoption Program Application

Thank you for your interest in becoming a tribal resource home!

In order to consider your home for approval as a tribal resource home, we will need the following information/documentation on you and your family:

____ Following forms for all individuals in the home age 18 or over:

- Request for Background Check Form
- Department of Public Safety Search Form
- Child Abuse and Neglect Information System Search Form

____ Family Financial Assessment Form

____ Copy of tribal citizenship 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

____ Last two pay stubs or letter from employer verifying income

If you have any questions about the required paperwork or completing the application, please contact Jonathan Jacobs, Director of ICW at 918-533-6606 or JDJacobs.oto@gmail.com

Migwetch (Thank you)

A. Identifying Data

1. _____
Applicant 1: Last Name First Middle

Applicant 2: Last Name First Middle Maiden Name

2. Current address:

Box, Street, Route City, County, State and Zip # of years

Finding directions: _____

Home Telephone Number: _____

Cell Number: _____

Applicant 1

Applicant 2

Work Telephone Number: _____

Applicant 1

Applicant 2

Email address: **Applicant 1:** _____

Applicant 2: _____

3. Married? Yes No Date _____ State _____ City _____

B. Description of Applicant:

Applicant 1:

1. Age of applicant: _____

2. Date of Birth: _____

3. Place of Birth: _____

4. Race: _____ Hispanic origin: ___ Yes ___ No

5. Tribal Affiliation & roll number: _____

6. Physical Characteristics: Eyes _____

Hair _____

Height _____

Weight _____

7. Social Security Number: _____

Applicant 2:

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

C. Other Household Members

1. List all other members living in the household:

Name	DOB	Sex	Relationship	SSN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. Previous Marriages

Applicant 1

Applicant 2

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

E. Education:

Applicant 1

Applicant 2

- 1. Year of HS Graduation or GED _____
- 3. High School attended: _____
- 4. College Attended: _____
- 5. Degree(s) Earned: _____
- 5. Year of College Graduation: _____

F. Employment

1. **Applicant 1** - List current employment and previous employment.

Occupation	Employer	Dates
_____	_____	_____
_____	_____	_____

2. **Applicant 2** - List current employment and previous employment.

Occupation	Employer	Dates
_____	_____	_____
_____	_____	_____

G. Military History

Applicant 1

Applicant 2

1. Branch of service & rank:	_____	_____
2. Date of entry:	_____	_____
3. Date & type of discharge:	_____	_____

H. Arrest History

Applicant 1

Applicant 2

Have you ever been arrested
or convicted of a misdemeanor
or felony?

Yes No

Yes No

If yes, please explain (include dates, county, state, and charge). **Having a criminal record does not necessarily make you ineligible for foster care or adoption. However, failure to provide honest and complete information may result in denial of the application. Expunged convictions are required to be listed.**

Applicant 1: _____

Applicant 2: _____

I. Health

1. Describe any medical diagnoses, serious illnesses, or surgeries during the past ten years. Provide approximate dates and degree of recovery. Describe your current health now.

Applicant 1: _____

Applicant 2: _____

2. Have you ever or are you currently receiving treatment for a mental health or substance abuse condition, including inpatient or outpatient treatment? Provide dates, diagnoses, and treatment.

Applicant 1: _____

Applicant 2: _____

3. List any prescriptions or over-the-counter medications you take:

Applicant 1: _____

Applicant 2: _____

4. Briefly explain any struggles with infertility or conception _____

5. I currently hold or previously held a medical marijuana license in Oklahoma or any other state.

Applicant 1: **Applicant 2:**

Yes No Yes No

If yes, please list date of license and reason for seeking license:

K. References:

Provide the names, addresses and telephone numbers of three family members and three friends to be contacted as a reference.

NAME	ADDRESS	PHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide names, addresses, and telephone numbers for all adult children.

NAME	ADDRESS	PHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

L.

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. Number of bedrooms _____ Number of beds _____
5. Number of bathrooms _____
6. Is the home owned or rented? _____ Monthly mortgage/ rent \$ _____
7. How long have you lived at this address? _____
8. Have you lived outside of Oklahoma in the past five years? Yes No

M. Additional Information:

1. How did you learn about the Ottawa Tribe of Oklahoma foster care/ adoption program?

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

- I am applying to become a kinship/relative home
- Foster care only
- Foster care and adoption
- Other _____

3. What gender, ages, behaviors, and number of children can your family accept and best provide for and why?

4. Are you willing to attend training if approved as a foster/adoptive home? Yes No

5. 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 #
----------------	------------------	---------

Applicant 1 Signature

Date

Applicant 2 Signature

Date