

Indian Child Welfare
Delaware Tribe of Indians
Family and Children Services

APPLICATION FOR FOSTER HOME CARE

FOR OFFICE USE ONLY:

Date Applied:_____ Pending:_____ Date Approved:_____ Date Denied_____

Authorized Representative Signature:_____

Print Name: _____ Title: _____ Date: _____

5110 Tuxedo Blvd.
Bartlesville. OK 74006

601 S. High Street
Caney, KS 67333

CHIEF
BRAD KILLSCROW

ASSISTANT CHIEF
TONYA ANNA

APPLICATION FOR FOSTER HOME CARE

I. General Information:

Full Name of Foster Mother Applicant: _____

Full Name of Foster Father Applicant: _____

Home Phone _____ Cell Phone(s) _____

Address _____

City _____ State _____ Zip _____

Directions to home and description of house: _____

II. Identification Information:

A. All adults (**18yrs or older**) living in the home including foster parent(s)

Name	Date of Birth	Social Security #	Drivers License #	Tribal Enrollment #	Relationship To Applicant

B. Please fill out for each adult living in the home (*ask for additional forms if needed*):

Name: _____ Nationality/Tribe: _____

Religious Affiliation: _____ Highest Level of Education: _____

Current Job Title: _____ Employer: _____

Work Phone: _____ Email: _____

Current work schedule: _____ How often does your work schedule change? _____

Date of current marriage: _____ Significant Other: _____

Religious Affiliation: _____ Highest Level of Education: _____

Current work schedule: _____ How often does your work schedule change? _____

Date of current marriage: _____ Significant Other: _____

Name	Date of Birth	Social Security #	School and Grade	Tribal Enrollment #
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[illegible]

D. All children living outside the home (*regardless of age*):

Name	Date of Birth	Social Security #	School/Work	Home Address	Tribal #

III. Home Environment:

How many bedrooms are in the home# _____ Bathrooms# _____

Does your home have an outside, fenced in area? _____

How long have you lived at your current residence? _____

Do you have (***Please Circle***): If No to any, please explain:

Electricity? YES/NO _____

Gas? YES/NO _____

Water? YES/NO _____

Languages spoken in the home: _____

Do you have any pets? _____ If so, what kind: _____

Do you own a car(s)? _____ If so, vehicle year and make: _____

vehicle year and make: _____

vehicle year and make: _____

If not, what is your means for transportation? _____

What are your family's main interests and activities? _____

Do you belong to any social organizations? _____ If so, please identify

IV. Family Life:

A. Childcare (*Please Check Each that Applies*):

_____ I/We take care of my/our own children in the home.

_____ I/We use a private babysitter to take care of my/our children. His/her name is _____, relationship (if any) is _____.

_____ My/Our children attend daycare on these days _____.

_____ All my/our children attend school. When they are not in school they are cared for by _____

B. Parenting:

What type of discipline methods do you use on your children: _____

In your own words, describe how you parent (ie. responsibilities, expectations, etc.): _____

C. Marriage/Relationship:

It is not uncommon for couples to experience conflict within their relationship. You are not expected to be in a perfect relationship. Please answer the following questions honestly in order to show how you and your significant other relate to each other.

Are you happy/satisfied with your current marriage/relationship (**Check One**)?

_____Very Much

_____Average

_____Fair

*Would you and your significant other be interested in receiving counseling services to help with the adjustment of being foster parents? _____

Regarding decision making and planning in your home (Please Check One):

_____I make all or most of the decisions

_____My spouse/significant other makes all or most of the decisions

_____My spouse/significant other and I make all or most of the decisions together.

D. Health:

Do you or any member of your family have any major health concerns currently or in the past? _____ YES _____ NO If yes, please explain (person, issue, & meds): _____

Are you or any member of your family currently taking any prescribed medications? _____If yes, what medications and why: _____

Do you currently have medical insurance? YES NO

Who is your family's primary care provider? _____

Do you consume any alcoholic beverages? _____If yes, which ones and how often? _____

V. LIVING EXPENSES:

A. Household Income:

Monthly Wages:-----\$ _____

Monthly Benefits:-----\$ _____
(ie. SSI, SS, Retirement, Unemployment)

Other Monthly Income:-----\$ _____

Other Monthly Income:-----\$ _____

Total: \$ _____

B. Household Bills:

Monthly Vehicle Payment-----\$ _____

Monthly Credit Card Payments-----\$ _____

Monthly Mortgage/Rent-----\$ _____

Monthly Food Expenses-----\$ _____

Monthly Utilities-----\$ _____

Monthly Auto and Home Insurance--\$ _____

Monthly Phone Payment-----\$ _____

Monthly Internet Payment-----\$ _____

Monthly TV Services-----\$ _____

Monthly Loan Payments-----\$ _____

Other Debt-----\$ _____

Total: \$ _____

VI. References:

Please list three people for character reference (preferably unrelated)

1. Name: _____

Phone number: _____

Address: _____

Occupation: _____

How do they know you? _____

How long have they known you? _____

2. Name: _____

Phone number: _____

Address: _____

Occupation: _____

How do they know you? _____

How long have they known you? _____

3. Name: _____

Phone number: _____

Address: _____

Occupation: _____

How do they know you? _____

How long have they known you? _____

VII. Background Check

Have you or any member of your family ever been arrested? _____

If yes, please complete the following:

Name	Date	Charge	Location	Arresting Agency	Conviction?

By signing below, I agree that all of the above information is true and correct to the best of my knowledge.

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

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Date Applied _____ Date Approved _____ Date Denied _____

Authorized Representative Signature _____

Print Name and Title _____