the
Chickasaw Nation
Division of Youth and Family Services
Department of Family Advocacy
231 Seabrook Road / Ada, OK 74820 / (580) 272-5550

Bill Anoatubby
Governor

Foster Care / Adoption Application

County: ____________________

Check One: ❒ Adoptive Home ❒ Foster Home

❒ Kinship Foster Home ❒ Both Foster & Adoptive Home

Home Telephone Number: ____
Business Telephone Number: ____

Father: __________________________ Mother: __________________________

Identifying Information:

Father's Name: ____
Last, First, MI

Birth Date: ________________ SSN: ________________

Race: ________________ Tribe: ________________ Roll No: ________________

Number of consecutive years living in Oklahoma: ______________ CDIB No: ______________

Mother's Name: ____
Last, First, MI

Birth Date: ________________ SSN: ________________

Race: ________________ Tribe: ________________ Roll No: ________________

Number of consecutive years living in Oklahoma: ______________ CDIB No: ______________

Present mailing address:

____
Street RFD Number City State Zip

Finding address: ____

____

Present Marriage Date: ________________

No. of Previous Marriages of Mother: ________________ Father: ________________

Divorce Date(s) of Mother: ____
(Mo. /Year)

Divorce Date(s) of Father: ____
(Mo. /Year)

Form no. 273 FA Rev. 1/2005

Educational History: Check highest grade or specify advanced degree

Husband:

High School: ❒ 9 ❒ 10 ❒ 11 ❒ 12

College: ❒ 1 ❒ 2 ❒ 3 ❒ 4 Degree: ______________________________

School Name and Location: ______________________________ Date: ______________

Wife:

High School: ❒ 9 ❒ 10 ❒ 11 ❒ 12

College: ❒ 1 ❒ 2 ❒ 3 ❒ 4 Degree: ______________________________

School Name and Location: ______________________________ Date: ______________

Other members in household (including children, relatives and non-relatives) – all persons must be listed:

Name (including last name)	Relationship	Birthdate	Sex	Social Security Number	Employment / School

Children out of home:

Name	Age	Address	Reason out of home

Home: ❒ Rent ❒ Own Number of Rooms: ________ Number of Rooms: ________

Nearest Schools:
Grade: ______________ Middle: ______________ High School: ______________

Have you ever made application for a child or cared for a child for another agency or person? ❒ Yes ❒ No
If yes, give name and address of agency or person. ______________________________

____

Have you or any member of your family or 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 family or household been investigated for child physical abuse, sexual abuse or neglect:
❒ Yes ❒ No If yes, explain: ______________________________

____

Father:

Current Occupation: ______________________________

Address & Phone Number: ______________________________

Date Employed: ______________ Gross Monthly Amount: ______________

Mother:

Current Occupation: ____

Address & Phone Number: ____

Date Employed: ___________________ Gross Monthly Amount: ___________________

What is your approximate total annual income? ____

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 immunodeficiency virus positive (HIV+)	❐	❐	❐

Other:____

B) Will you accept a child who has these behaviors and 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	❐	❐	❐
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 child with these disabilities and special conditions?

	Yes	No	Negotiable
Down syndrome	❒	❒	❒
Cast/broken bones	❒	❒	❒
Orthopedic	❒	❒	❒
Blind or partially blind	❒	❒	❒
Deaf or hearing impaired	❒	❒	❒
Sickle cell anemia	❒	❒	❒
Mental retardation level: Mild	❒	❒	❒
Moderate	❒	❒	❒
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	❒	❒	❒
Attention deficit disorder	❒	❒	❒
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	❒	❒	❒

D) What is your placement preference?

Gender: ____________________ Age range: ____________________

Twins: ❒ Yes ❒ No

Number of siblings accepted at one time: ____

Number of children preferred: ____

Academic Level:	One grade behind:	❒ Yes	❒ No
	More than one year behind	❒ Yes	❒ No
	Receives special education	❒ Yes	❒ No

____ __________________________________
Father's signature Date

____ __________________________________
Mother's signature Date