



EASTERN SHAWNEE TRIBE OF OKLAHOMA

FOSTER CARE PACK

PACKET ONE



**Eastern Shawnee Tribe of Oklahoma
Children and Family Services
Indian Child Welfare
10100 South Bluejacket Road
Wyandotte, Oklahoma 74354**

Dear Applicant:

Thank you for your interest in becoming a foster placement for our tribal children. In order to complete your possible certification as a Tribal Approved Foster/Adoptive Home and/or Tribal Approved Indian Foster/Adoptive Home, we will need the following information from you, your spouse (if applicable) and your family. Please see the following checklist for necessary documents.

- _____ Full name and addresses for FOUR non-relative references
- _____ Two pictures of yourself and the exterior of your home
- _____ Medical reports (current/yearly) on health provider's letterhead stating you are in good health and able to continue to care for a child/children or a physician's statement (form enclosed)
- _____ Marriage license and/or Divorce Decree (if applicable)
- _____ Financial statements (form enclosed)
- _____ Signed consent forms (enclosed) for OSBI and DHS background checks
- _____ Proof of Tribal Enrollment (copy of CBID or tribal membership card)
- _____ Copy of Driver's license, current insurance and Social Security Card

Please complete the enclosed forms and send the requested documents as quickly as possible. If you have any questions, please do not hesitate to contact me at the above listed number.

Sincerely,

Tammy Gibson
Indian Child Welfare Coordinator
Eastern Shawnee Tribe of Oklahoma
918-541-1381 Ext. 1124
918-533-1869 Cell



Personal Applicant Information

Name: _____ Date of Birth: _____

Place of Birth: _____ Male/Female: _____

Height: _____ Weight: _____

Social Security No. _____ Phone No. _____

Address: _____

Mailing Address (If Different): _____

County of Residence: _____

School District: _____

Last Grade Completed: _____ Trade/Vo-Tech: _____

Where are you currently employed: _____ Full Time/Part Time: _____

Length of employment: _____

What is your total income per month? \$ _____

Tribal Affiliation: _____

What is the current condition of your health? (Circle one) EXCELLENT GOOD FAIR POOR

Do you have any significant health problems? _____

Do you belong to a church or other religious organization? _____

Name of Church: _____

Level of Involvement: _____

If a foster child in your care were of a different religion or denomination, how would you facilitate the spiritual needs of the child? _____

Do you actively participate in any other social organizations? Please list: _____

Have you ever been arrested? (Circle one) YES NO Date and location of arrest: _____

If yes, explanation of arrest: _____

Have you ever been convicted of a crime? YES NO Date and location of crime: _____

If yes, explanation of conviction: _____

Has any other member of the household ever been arrested for a felony? (Circle one) YES NO

If yes, explanation of arrest: _____

Is there any history of physical, sexual, and or emotional abuse in your life? Please explain: _____

Describe your cultural perspective concerning Tribal customs and ceremonies: _____

Number of Beds Approved: _____

Do you have any pets? If so, how many? _____

What kind? Indoor or outdoor? _____

What activities or hobbies do you enjoy in your spare time? _____

What would be your attitude toward accepting a child who has been the victim of sexual/physical abuse? _____

Do you have any preferences regarding the age, gender or background of a foster/adoptive child?

Please explain: _____

REFERENCE INSTRUCTIONS

References are required for any person interested in becoming a Placement Resource Home for the Eastern Shawnee Tribe of Oklahoma. These references may be contacted by mail, phone or email and will be asked a series of questions regarding their knowledge of your family, character, etc.

A minimum of 6 references are required; only 2 of those may be from relatives. Adult children of the applicants will be contacted but may **NOT** be included in the six references.



Reference Form

Name of applicant I

Name of applicant II, if applicable

Please include name, address, phone number, email and relationship of each reference provided.

Name: _____
Address: _____
Phone: _____
Email: _____
Relationship: _____

Name: _____
Address: _____
Phone: _____
Email: _____
Relationship: _____

Name: _____
Address: _____
Phone: _____
Email: _____
Relationship: _____

Name: _____
Address: _____
Phone: _____
Email: _____
Relationship: _____

Name: _____
Address: _____
Phone: _____
Email: _____
Relationship: _____

Name: _____
Address: _____
Phone: _____
Email: _____
Relationship: _____



Family Financial Statement

FINANCIAL STATEMENT average monthly income

Applicant #1 Gross Income: _____

Applicant #2 Gross Income: _____

Other Income (child support, investments, retirement, etc.):

MONTHLY BUDGET

1. Housing (____ Rent ____ Own)	\$ _____
2. Utilities	\$ _____
3. Food	\$ _____
4. Medical (prescriptions, doctor, dentist)	\$ _____
5. Insurance (life, home, auto, etc.)	\$ _____
6. Vehicle(s)	\$ _____
7. Tax Exempt/Charitable Contributions	\$ _____
8. Day Care/School Expenses	\$ _____
9. Entertainment	\$ _____
10. Clothing	\$ _____
11. Gasoline	\$ _____
12. Miscellaneous	\$ _____
13. Credit Card/Installment	\$ _____
14. Student Loan(s)	\$ _____
Total	\$ _____

We are in arrears/behind on the following debts (list all):

_____	\$ _____
_____	\$ _____

Applicant #1

Applicant #2



RELEASE STATEMENT

I, _____, hereby grant full permission without recourse, for the use and release of information as necessary for the purposes of checking with DHS (and other state child protection agencies), Child Welfare Registry, and Criminal Investigation for the purpose of suitability of adoption/foster home placement of child(ren).

Signature of Applicant

Date

Witnessed by

Date



HOME STUDY APPLICANT – PHYSICAL EXAMINATION REPORT

NOTE: This form may be used by the physician in lieu of a narrative or other type report form.

Name: _____ Age: _____ Height: _____ Weight: _____

Address: _____ County: _____

Health History: (Check to indicate history of any of the following)

- ☐ Convulsive Disorder
- ☐ Tuberculosis
- ☐ Mental Illness
- ☐ Venereal Disease
- ☐ Heart Disease
- ☐ Recent Major Injury

Recent Surgery (Specify): _____

- ☐ Complete Recovery
- ☐ Partial Recovery
- ☐ Continued Care

Check to indicate if patient is subject to any of the following symptoms or conditions:

- ☐ Headaches
- ☐ Orthopedic Handicap
- ☐ Fainting
- ☐ Asthma, Severe
- ☐ Other (Please Specify): _____

PHYSICAL EXAMINATION:

- ☐ Vision _____
- ☐ Heart _____
- ☐ Hearing _____
- ☐ Lungs _____
- ☐ Blood Pressure _____

General Physical Condition: _____

Attach laboratory reports, as indicated, for tuberculosis, urine, etc.

Current Medications: _____

Does patient have any condition that would impair ability to care for children?

If yes, Please Specify: _____

Over what period of time have you known the patient professionally: _____

Examination Date: _____

Physician: _____

Address: _____



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Children and Family Services Division
Sequoyah Memorial Office Building
P.O. Box 25352

Oklahoma City, OK 73125

(405) 522-1487 • Fax: (405) 521-4373 • www.okdhs.org



Request for Child Abuse and Neglect Information System Search

The attached form is completed to request a search of the Child Abuse and Neglect Information System (CANIS) for prospective adoptive parents. The search and report of CANIS information is provided to assist in evaluating the safety of the home in which a child is placed.

To allow a timely completed search, ensure:

- all applicable information regarding the applicant is provided, including all current and former names used by the applicant;
- information regarding the stepparent is provided when a stepparent is the prospective adoptive parent. A search report is not required for the custodial biological parent;
- the applicant has signed the form;
- verification from a home study provider or adoption agency, or a copy of the Petition for Adoption is included;
- official documentation from United States Bureau of Citizenship and Immigration Services is provided when the request is for an international adoption; and
- the form and verification of impending adoption and other applicable documentation is mailed to the address listed on page two of Form 04AN028E, Request for Child Abuse and Neglect Information System Search, or fax to 405-521-4373.

Please contact the Child Protective Services Unit of the Children and Family Services Division of OKDHS at 405-521-2283 if you have questions.

Please allow four weeks for completion of the search report.



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

**Request for Child Abuse and Neglect
Information System Search**



Oklahoma Department of Human Services (OKDHS) is requested to conduct a Child Abuse and Neglect Information System search for the adoptive applicants named below.

Type of prospective adoption:

Stepparent ☐

Grandparent ☐

Other relative ☐

Tribal ☐

Domestic infant ☐

Domestic child ☐

International ☐

Other ☐

Adoptive applicant one

Adoptive applicant full name				
Aliases, including maiden name, former married name, and all other names				
Date of birth	Social Security number		Phone number	
Current street address	City		State	Zip
Years at current address		Previous county of residence		
Previous street address	City	State	Zip	Dates resided
Previous street address	City	State	Zip	Dates resided
Previous street address	City	State	Zip	Dates resided

Unsworn declaration under penalty of perjury

I certify that an adoption is being pursued through _____, attorney, or _____, child-placing agency, and the search report is used for this purpose only. I further certify under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct to the best of my information and belief.

Applicant signature

Date

Adoptive applicant two

Adoptive applicant full name				
Aliases, including maiden name, former married name, and all other names				
Date of birth	Social Security number		Phone number	
Current street address	City	State	Zip	
Years at current address		Previous county of residence		
Previous street address	City	State	Zip	Dates resided
Previous street address	City	State	Zip	Dates resided
Previous street address	City	State	Zip	Dates resided

Unsworn declaration under penalty of perjury

I certify that an adoption is being pursued through _____, attorney, or _____, child-placing agency, and the search report is used for this purpose only. I further certify under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct to the best of my information and belief.

Applicant signature

Date

Verification of impending adoption must accompany this request.

This request will not be completed when required verifications are not included.

Mail to: Oklahoma Department of Human Services
Children and Family Services Division
Child Abuse and Neglect Information System
P.O. Box 25352
Oklahoma City, Oklahoma 73125

Please allow four weeks for processing the search.



Request for Background Check

Print information clearly. Incomplete forms cannot be processed. Ensure a fax confirmation is received verifying that each page was successfully faxed.

Part A. Applicant Information**Full legal name**

Last name First name Middle Name

Other names used including maiden, when applicable Date of birth

City and state of birth Race ☐ Male ☐ Female

Social Security number Driver license (DL) number State DL issued

Current street address City State ZIP code

Phone number Marital Status Spouse's name, when applicable

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, explain.

Authorization to Release Information

I, _____, hereby certify that I understand the purpose of this form and background check and grant permission, without recourse, for the use and release of information as necessary for the purpose of a criminal background check and driving record. This information cannot be released for any other purpose without my written permission.

Signature Date

Part B. Background Check Purpose

This section is completed by the requesting authority.

This request is

- ☐ new
- ☐ a follow-up to the electronic fingerprint submission by a vendor
- ☐ a follow-up to National Criminal Information Center (NCIC) check completed by law enforcement

OKDHS requests

- ☐ Emergency Child Welfare Services foster care applicant name search
- ☐ Child Welfare Services adoptive, foster, kinship, or guardian parent
- ☐ Child Welfare Services trial reunification
- ☐ Child Welfare Services volunteer
- ☐ OKDHS employee access to national criminal history records check results
- ☐ Developmental Disabilities Services
- ☐ Aging Services

Employment-related requests

- ☐ Laura Dester Children's Center employee
- ☐ Pauline E. Mayer Shelter employee
- ☐ OKDHS employment
- ☐ Child care facility employment

Requests from non-OKDHS entities

- ☐ Indian Child Welfare adoptive, foster, or guardianship parent
- ☐ Private adoption with payment
- ☐ International adoption with payment

Part C. Requesting Authority and Location

Office, county, or other location where results are to be sent such as OKDHS county location code and section such as foster care or adoptions, private agency name, or attorney office name.

Contact person name and identifying information such as OKDHS specialist, private agency, attorney, licensed individual, or case manager.

Physical address _____ City _____ State _____ ZIP code _____

Phone number _____ Fax number _____

I explained the purpose of this form and the background check to the applicant.

Requesting authority signature _____ Date _____

Part D. Search Results

This section is completed by the OKDHS Child Welfare Services Background Checks Program Unit.

National Criminal History Records Search Results

Oklahoma State Bureau of Investigation (OSBI) fingerprint search results

Federal Bureau of Investigation (FBI) search results

Oklahoma Department of Public Safety (DPS) search results

Oklahoma Sex Offender Registry search results

Name-based Criminal History Search Results

OSBI name search results

DPS search results

Oklahoma Sex Offender Registry search results

REQUEST FOR RESULTS
OF A
NATIONAL FINGERPRINT BACKGROUND CHECK

FROM THE
DHS-CFSD FINGERPRINT PROCESSING SECTION
P.O. BOX 268935
OKLAHOMA CITY, OK 73126

Please print clearly providing all information requested. Please sign and date form. Incomplete forms will result in the form and the fingerprint cards being returned.

PART A. APPLICANT INFORMATION

Phone Number: _____

Full Legal Name:		
Last _____	First _____	Middle _____
Other Names Used (alias/maiden) _____		
Date of Birth _____	City and State of Birth _____	
Race _____	Sex _____	Soc Sec Number _____ Driver's Lic No./State _____ /
Mailing Address: _____		
Marital Status: _____		Spouse's Name: _____
Have you ever been convicted of a crime? Yes _____ No _____		
If yes, please explain: _____		

PART B. Submitting Authority: Agency or Attorney or Home Study Provider who is handling this application.

Name: EASTERN SHAWNEE TRIBE OF OKLAHOMA
Address: 10100 S. BLUE JACKET WYNNDOTTE OK 741370
Phone Number: 918 666 7710

PART C. Applicant Release and Signature:

I am requesting a criminal background check and driving record for the purpose of applying to become a foster and/or adoptive parent. Please send a copy of the results of the National Fingerprint Background Check to my address listed in Part A.

Signature _____

Date _____

PLEASE NOTE: Results cannot be sent to the Submitting Authority. Results can only be sent to the applicant. The applicant may then give the results to the Submitting Authority. If the applicant chooses to keep the results private, then the applicant cannot continue in the process to become a foster and/or adoptive parent.

CONFIDENTIAL

Fingerprint request instructions:

If you have internet access you may do what is called the live scan. If not, you will have to go down to the local Sheriff's Dept. (Call ahead to see what times are best) and you can request they get them for you then I will send them in for you. If you choose to do the live scan, see below for instructions.

The fastest and easiest way, is this: **LIVE SCAN PROCESS:**

<http://www.identogo.com/>

See screen shot below

Selecting Oklahoma

On Line Scheduling

Follow the Link

Enter First and Last Name

Select the Applicant Type DHS Employee – Access and Review
(See Screen Shot Below)

Select an Appointment Time and location

Once the worker completes the fingerprinting appointment, he or she should come back to the office and enter a request to OBI using (see below). The TCN number which Morpho gives the individual should be entered on the form.

The link to the OBI Form is

<https://lro.prod.okdhs.int/requestinternal.aspx>

