



# Choctaw Nation of Oklahoma

## Children and Family Services

P.O. Box 1210, Durant, OK 74702

PHONE: (580) 924-8280

FAX: (580) 920-3197

## 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 required documentation is received.

Check each type of tribal resource assessment requested

- Tribal Foster Home       Kinship Tribal Foster Home

\_\_\_\_\_  
County of residence

### Tribal Resource Applicant Information

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Other names used including maiden name

Are you a U.S. citizen?

- Yes     No

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Social Security Number

Gender

- Male     Female

\_\_\_\_\_  
Race

\_\_\_\_\_  
Tribe

\_\_\_\_\_  
Roll number

\_\_\_\_\_  
CDIB number

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Email address

\_\_\_\_\_  
How many years have you lived in Oklahoma

\_\_\_\_\_  
List each state or country you have lived in within the last five years and dates

Are you married?

- Yes     No

\_\_\_\_\_  
Date of current marriage

\_\_\_\_\_  
Number of previous marriages

\_\_\_\_\_  
Highest grade completed

Advanced degree?

- Yes     No

\_\_\_\_\_  
Completion date

\_\_\_\_\_  
School name

\_\_\_\_\_  
Location

Have you served or are you currently serving in the armed forces?     Yes     No

\_\_\_\_\_  
Current occupation

\_\_\_\_\_  
Total approximate monthly take-home pay

\_\_\_\_\_  
Employer name

\_\_\_\_\_  
Employer address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

\_\_\_\_\_  
Supervisor's name

\_\_\_\_\_  
Supervisor's phone number

**Tribal Resource Applicant Information**

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Other names used including maiden name

Are you a U.S. citizen?

Yes  No

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Social Security Number

Gender

Male  Female

\_\_\_\_\_  
Race

\_\_\_\_\_  
Tribe

\_\_\_\_\_  
Roll number

\_\_\_\_\_  
CDIB number

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Email address

\_\_\_\_\_  
How many years have you lived in Oklahoma

\_\_\_\_\_  
List each state or country you have lived in within the last five years and dates

Are you married?

Yes  No

\_\_\_\_\_  
Date of current marriage

\_\_\_\_\_  
Number of previous marriages

\_\_\_\_\_  
Highest grade completed

Advanced degree?

Yes  No

\_\_\_\_\_  
Completion date

\_\_\_\_\_  
School name

\_\_\_\_\_  
Location

Have you served or are you currently serving in the armed forces?  Yes  No

\_\_\_\_\_  
Current occupation

\_\_\_\_\_  
Total approximate monthly take-home pay

\_\_\_\_\_  
Employer name

\_\_\_\_\_  
Employer address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

Supervisor's name

Supervisor's phone number

**Home Information**

Physical address

City

State

ZIP code

Mailing address

City

State

ZIP code

Finding directions to your home

Home

Rent

Own

Number of rooms

Square footage

Number of bedrooms

Land line phone

**Other Adult Household Members**

Include relatives and non-relatives residing in your home. All adult household members must be listed. Use additional sheets when necessary.

First name

Middle name

Last name

Gender

Male  Female

Date of birth

Social security number

Relationship to applicant

Employer or school name

First name

Middle name

Last name

Gender

Male  Female

Date of birth

Social security number

Relationship to applicant

Employer or school name

**Children in the Home**

Include children, foster children, relatives and non-relatives. All children residing in the home must be listed; add additional sheets as necessary. List a contact person at each school-aged child's school such as the principal, counselor, or teacher and the person's contact information. Use additional sheets when necessary.

First name

Middle name

Last name

Gender  
 Male  Female      Date of Birth      Social security number      Relationship to applicant

Grade      School name      School phone number

School official to contact      School official position

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First name      Middle name      Last name

Gender  
 Male  Female      Date of Birth      Social security number      Relationship to applicant

Grade      School name      School phone number

School official to contact      School official position

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First name      Middle name      Last name

Gender  
 Male  Female      Date of Birth      Social security number      Relationship to applicant

Grade      School name      School phone number

School official to contact      School official position

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First name      Middle name      Last name

Gender  
 Male  Female      Date of Birth      Social security number      Relationship to applicant

Grade      School name      School phone number

School official to contact      School official position

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First name      Middle name      Last name

Gender  
 Male  Female      Date of Birth      Social security number      Relationship to applicant

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Grade \_\_\_\_\_ School name \_\_\_\_\_ School phone number \_\_\_\_\_

School official to contact \_\_\_\_\_ School official position \_\_\_\_\_

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

Gender  
 Male  Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social security number \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Grade \_\_\_\_\_ School name \_\_\_\_\_ School phone number \_\_\_\_\_

School official to contact \_\_\_\_\_ School official position \_\_\_\_\_

**Children Under 18 Years of Age Not Living in the Home**

List each applicant's child under 18 years of age not living in the home and explain why he or she does not reside in the home.

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Reason out of home  
\_\_\_\_\_

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Reason out of home  
\_\_\_\_\_

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Reason out of home  
\_\_\_\_\_

**Additional Information**

In what school district do you reside?

Do you home school any child?  Yes  No

Have you ever applied to foster, adopt, or provide child care?  Yes  No

If yes, list the name and agency address or person who facilitated your application

Have you or any household member:

- Had any criminal charges filed or been arrested?  Yes  No

If yes, explain:

- Entered a plea of guilty or nolo contendere to a crime?  Yes  No

If yes, explain:

- Received counseling or inpatient treatment?  Yes  No

If yes, explain:

- Been investigated for child abuse or neglect?  Yes  No

If yes, explain:

**References**

List five personal references, only one of whom is a family member.

First name	M.I.	Last Name	Phone number
Address	City	State	ZIP Code
Relationship			

\_\_\_\_\_  
First name                      M.I.                      Last Name                      Phone number

\_\_\_\_\_  
Address                      City                      State                      ZIP Code

\_\_\_\_\_  
Relationship



\_\_\_\_\_  
First name                      M.I.                      Last Name                      Phone number

\_\_\_\_\_  
Address                      City                      State                      ZIP Code

\_\_\_\_\_  
Relationship



\_\_\_\_\_  
First name                      M.I.                      Last Name                      Phone number

\_\_\_\_\_  
Address                      City                      State                      ZIP Code

\_\_\_\_\_  
Relationship



\_\_\_\_\_  
First name                      M.I.                      Last Name                      Phone number

\_\_\_\_\_  
Address                      City                      State                      ZIP Code

\_\_\_\_\_  
Relationship

**Adult Children**

List each applicant's children 18 years of age or older. Use additional sheets when necessary.

\_\_\_\_\_  
First name                      M.I.                      Last Name                      Phone number

\_\_\_\_\_  
Address                      City                      State                      ZIP Code

Do you have contact with this adult child?    Yes    No



\_\_\_\_\_  
First name                      M.I.                      Last Name                      Phone number

\_\_\_\_\_  
Address                      City                      State                      ZIP Code

Do you have contact with this adult child?    Yes    No

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\_\_\_\_\_  
 First name                      M.I.      Last Name                      Phone number

\_\_\_\_\_  
 Address    City                      State      ZIP Code

Do you have contact with this adult child?    Yes    No

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\_\_\_\_\_  
 First name                      M.I.      Last Name                      Phone number

\_\_\_\_\_  
 Address    City                      State      ZIP Code

Do you have contact with this adult child?    Yes    No

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\_\_\_\_\_  
 First name                      M.I.      Last Name                      Phone number

\_\_\_\_\_  
 Address    City                      State      ZIP Code

Do you have contact with this adult child?    Yes    No

**Acknowledgement**

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 applicable out of state child abuse and neglect registry checks, an Oklahoma child abuse and neglect information systems check, a 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 that 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 information and belief.

\_\_\_\_\_  
 Applicant signature    Date

\_\_\_\_\_  
 Applicant signature    Date

\_\_\_\_\_  
 Other adult household member signature    Date

\_\_\_\_\_  
 Other adult household member signature    Date



