



General Information

Family name

Physical address

City

State

ZIP code

Mailing address

City

State

ZIP code

Finding directions to your home:

Home: Rent Own Square footage: _____ Number of bedrooms: _____

Resource Applicant Information

For each adult applicant, provide the following information:

First name

Middle name

Last name

Other names used including maiden name or aliases

Date of birth

Social Security number

Gender

Are you a U.S. citizen?

Tribe, if applicable

Race

Yes No

Work phone

Cell phone

Home phone

Email address

List each state or country you have lived in within the last five years

Select one: Single Unmarried couple Married Divorced Widowed Separated

Number of previous marriages: _____

Highest grade completed: _____ Advanced degree? Yes No

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

Branch of service _____ Service dates _____

Are you employed? Yes No Total approximate monthly take-home pay: _____

Employer name _____ Job title _____

Supervisor's name _____ Supervisor's phone number _____

First name _____ Middle name _____ Last name _____

Other names used including maiden name or aliases _____

Date of birth _____ Social Security number _____ Gender _____

Are you a U.S. citizen?

Tribe, if applicable _____ Race _____ Yes No

Work phone _____ Cell phone _____ Home phone _____

Email address _____

List each state or country you have lived in within the last five years _____

Select one: Single Unmarried couple Married Divorced Widowed Separated

Number of previous marriages: _____

Highest grade completed: _____ Advanced degree? Yes No

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

Branch of service _____ Service dates _____

Are you employed? Yes No Total approximate monthly take-home pay: _____

Employer name _____ Job title _____

Supervisor's name _____ Supervisor's phone number _____

Other Household Members N/A

All other persons residing in the home must be listed including children, relatives, and non-relatives. Add additional sheets as necessary or use the "+" button on the electronic form to add more household members. For each school-age child, list a contact person and contact information at the child's school, such as the principal, counselor, or teacher. A reference is obtained on each school-aged child.

Household Member's Full Legal Name

First name Middle name Last name Date of birth

Gender

Male Female _____
Social Security number Relationship to applicant

School name or home-schooled? Yes No

School official to contact, and phone number

Household Member's Full Legal Name

First name Middle name Last name Date of birth

Gender

Male Female _____
Social Security number Relationship to applicant

School name or home-schooled? Yes No

School official to contact, and phone number

Household Member's Full Legal Name

First name Middle name Last name Date of birth

Gender

Male Female _____
Social Security number Relationship to applicant

School name or home-schooled? Yes No

School official to contact, and phone number

Household Member's Full Legal Name

First name Middle name Last name Date of birth

Gender

Male Female _____
Social Security number Relationship to applicant

_____ or home-schooled? Yes No
School name

_____ School official to contact, and phone number

Applicant's Child(ren) Under 18 Years of Age Not Living in the Home N/A

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

Child's Full Legal Name

_____ Child's first name Middle name Child's last name Date of birth

_____ Address City State ZIP code

Reason out of home

Child's Full Legal Name

_____ Child's first name Middle name Child's last name Date of birth

_____ Address City State ZIP code

Reason out of home

Child's Full Legal Name

_____ Child's first name Middle name Child's last name Date of birth

_____ Address City State ZIP code

Reason out of home

Additional Information

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

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

Have you or any household member:

- been arrested or had criminal charges filed? Yes No

If yes, explain:

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

If yes, explain:

- been investigated for child physical abuse, sexual abuse, or neglect? Yes No

If yes, explain:

- filed or been party to a protective order? Yes No

If yes, explain:

References

As part of the applicant assessment, references are requested including employers, adult children, behavioral health professionals, and other individuals with personal knowledge of the applicant and the applicant's family.

Personal

Applicants must provide the name and contact information for four personal references, only one of whom can be 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			

Counseling or Inpatient Treatment

N/A

If any member of the household participates or has participated in any type of counseling, therapy, or inpatient treatment, provide the following information. If more than one provider was seen, list each provider separately.

Household member's name	Dates of treatment
-------------------------	--------------------

Provider's name and contact information

Adult Child(ren)

N/A

List each applicant's child(ren) 18 years of age or older.

Adult Child's Full Legal Name

First name	M.I.	Last name	Phone number
Address	City	State	ZIP code
Do you have contact with this adult child?			<input type="checkbox"/> Yes <input type="checkbox"/> No

List each applicant's child(ren) 18 years of age or older.

Adult Child's Full Legal Name

First name	M.I.	Last name	Phone number
Address	City	State	ZIP code
Do you have contact with this adult child?			<input type="checkbox"/> Yes <input type="checkbox"/> No

List each applicant's child(ren) 18 years of age or older.

Adult Child's Full Legal Name

First name	M.I.	Last name	Phone number
Address	City	State	ZIP code
Do you have contact with this adult child?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature and Agreement

I, the undersigned, have provided accurate information and authorize OKDHS 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 Community Services Worker Registry check, and all accompanying records, in completing an assessment of the application. I further authorize OKDHS to conduct a Juvenile Justice Information System review for children 13 years of age and older, contact references, and contact me by email. **I understand that failure of all household members 18 years of age and older to sign this form will result in denial or withdrawal of the application.**

By signing this application, I agree to complete these activities and provide these documents or information within 20-calendar days of my signature date.

Unsworn Declaration Under Penalty of Perjury

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct to the best of my information and belief.

Subscribed on this ____ day of _____, 20 ____ at (city) _____,
(state) _____.

Applicant signature Date Applicant signature Date

Adult household member signature Date Adult household member signature Date

Adult household member signature Date Adult household member signature Date

Notice

DHS has assured compliance with United States Department of Health and Human Services (DHHS) Regulations, Title 45, Code of Federal Regulations, Part 80, that implements Public Law 88-352, Civil Rights Act of 1964, Section 601, Part 84, that implements Public Law 93-112, Rehabilitation Act of 1973, Section 504, and Part 90, that implements Public Law 94-135, Age Discrimination Act of 1975, Section 301. These laws and regulations prohibit excluding participation in, denying the benefits of, or subjecting to discrimination under any program or activity receiving federal financial assistance, any person on the grounds of race, color, or national origin or any qualified person on the basis of handicap or, unless program-enabling legislation permits, on the basis of age. Under these requirements, payment cannot be made to vendors providing care, services, or both under federally-assisted programs conducted by OKDHS unless such care, service, or both is provided without discrimination on the grounds of race, color, national origin, or handicap or without distinction on the basis of age, except as legislatively permitted or required. Written complaints of noncompliance with any of these laws should be made to the OKDHS Director, PO Box 25352, Oklahoma City, Oklahoma 73125, Secretary of Health and Human Services, Washington D.C., or both.

Attachment A

- Alternate caregiver contact information

First name M.I. Last name Phone number

Address City State ZIP code

- Permanent custodian contact information

First name M.I. Last name Phone number

Address City State ZIP code

- Form 04AF008E, Medical Examination Report, for each adult household member 18 years of older. Appointment date(s) _____
- Form 04AF010E, Resource Family Financial Assessment
- Form 04AF017E, Resource Parent Health History, for each adult household member 18 years of age or older.
- Form 04AF039E, Child(ren)'s Health Statement, from the physician for each child in the household, not in DHS custody - Appointment date(s) _____
- Form 04AF043E, Resource Family Application Other Adults in the Home, if applicable
- Copy of all divorce decrees for each applicant, when applicable
- Copy of automobile insurance verification for each applicant, when applicable
- Copy of Certificate of Degree of Indian Blood (CDIB) card for each applicant, when applicable
- Copy of current marriage license, when applicable
- Copy of DD Form 214, Certificate of Release from Active Military Duty, for each applicant, when applicable
- Copy of driver license for each applicant
- Copy of immunization record for each child in household who is not in OKDHS custody, when applicable
- Copy of paycheck stub(s)
- Copy of pet vaccination record(s), when applicable
- Copy of Social Security card for each applicant
- Copy of tribal membership card for each applicant, when applicable
- Income verification for each applicant
- Submit fingerprints for each adult household member 18 years of age or older
- Verification of lawful residence when not born in the United States, when applicable
- Other, specify: _____

DHS Use Only

Check each type of resource assessment requested:

foster home kinship foster home adoptive home both adoptive and foster home

Applications cannot be processed until all documentation is received

OKDHS received documentation from applicant on: _____

