

Marland's Place: Foster Family Services
1300 Summers Place
Ponca City, OK 74604
Phone: (580) 762-4156
E-mail: certification@marlandsplace.com



MARLAND'S PLACE FOSTER FAMILY APPLICATION

Please complete this application in its **entirety**. Please note that this is a confidential document and will be used for the sole purpose of determining eligibility for Foster Parent status and home certification. Marland's Place will not preclude a person from being a foster parent based solely on their culture, religion, race, ethnicity, gender, sexual orientation, gender identity or gender expression, affectional orientation, or marital/civil union.

Section 1 – Residence:

Type of Residence (detached home, apartment, etc.): _____ Own/Rent: _____

How Long: _____ Mortgage/Rent Payment: _____

Address: _____ City: _____ Zip: _____

County: _____ Home Phone #: _____ Number of Bedrooms: _____

Square Footage: _____ Pool/Jacuzzi/Pond on Premises: _____

*If yes, is there a minimum five-foot fence and/or regulation safety cover: _____

Number of Pets in Home: _____ History of Biting? _____

Section 2 – Applicant Information:

Applicant #1

First Name: _____ Middle Name: _____ Last Name: _____

Other names used, including maiden/alias: _____

Birth Date: _____ Birthplace: _____ Gender: _____

Race: _____ U.S. Citizen?: _____ SS #: _____

Cell Phone #: _____ Email Address: _____

Place of Employment: _____ Occupation: _____

Work #: _____ Total Monthly Take-Home Pay: _____

Daily Work Schedule: _____ Religion: _____

If applicable, what church do you attend? _____

Highest Grade Completed: _____ Advanced Degree: _____

Fluent languages (besides English): _____ Hispanic or Latino origin?: _____

T-Shirt Size: _____

Applicant #2

First Name: _____ Middle Name: _____ Last Name: _____

Other names used, including maiden/alias: _____

Birth Date: _____ Birthplace: _____ Gender: _____

Race: _____ U.S. Citizen?: _____ SS #: _____

Cell Phone #: _____ Email Address: _____

Place of Employment: _____ Occupation: _____

Work #: _____ Total Monthly Take-Home Pay: _____

Daily Work Schedule: _____ Religion: _____

If applicable, what church do you attend? _____

Highest Grade Completed: _____ Advanced Degree: _____

Fluent languages (besides English): _____ Hispanic or Latino origin?: _____

T-Shirt Size: _____

Additional Information

Has **any household member** resided outside of Oklahoma in the last 5 years? YES NO

If YES, who and what state(s)?: _____

Has **any household member** ever served or is currently serving in the military? YES NO

If YES, who, what branch, and service dates?: _____

Are **any household members** a member of a Native American Tribe? YES NO

If YES, who, what tribe, and what roll #?: _____

Section 3 – Other Members of Household including Children:

***Please fill out in its entirety**

Full Name (include middle)	DOB	Gender	SSN	Relationship
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Section 4 – Relationship History:

If Married or in a Committed Relationship:

Date of Present Marriage/Relationship: _____ Place of Marriage, i.a.: _____

How long have you been together: _____ How long have you lived together: _____

Previous Marriages or Domestic Partnerships:

Applicant 1:

Marriage 1: Date of Marriage: _____ Date of Separation/Divorce: _____

Marriage 2: Date of Marriage: _____ Date of Separation/Divorce: _____

Marriage 3: Date of Marriage: _____ Date of Separation/Divorce: _____

Applicant 2:

Marriage 1: Date of Marriage: _____ Date of Separation/Divorce: _____

Marriage 2: Date of Marriage: _____ Date of Separation/Divorce: _____

Marriage 3: Date of Marriage: _____ Date of Separation/Divorce: _____

Have you or any household member been involved in an abusive relationship? If so, please list who, what type of relationship it was, how long ago, and any treatment received:

Section 5 – Parenting History & Style:

Children of Present Relationship/Marriage: _____

Children from Previous Relationship/Marriage(s): _____

Children parented who no longer live in the household:

Full Name (include middle)	DOB	Gender	Relationship
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

If child(ren) listed are under the age of 18, please explain why they do not live in your home and list their full home address(es): (use back of page if needed)

If child(ren) listed are 18 years of age or older, do you have contact with the adult child(ren)?
If not, why?

Parenting Style:

What methods of discipline do you utilize, and why? If you do not currently have children in your home, what methods of discipline do you feel are most effective and that you plan to utilize?

Section 6 – Foster Care/Adoption History:

How did you hear about our agency? _____

If referred by a current or previous Marland's Place Family, please provide their name:

Have you ever applied or been licensed to foster, adopt, or provide child care: YES NO

If yes, please list the agency(ies), dates, and person who facilitated your application:

If yes, please explain the reason(s) you did not complete the process or the reason(s) for termination of your previous license or certification:

Section 7 – Legal History:

Have you or any household member:

Had any criminal charges filed against them, been arrested, and/or are currently on probation or parole? YES NO

If yes, please explain: _____

Entered a guilty plea or nolo contendere to a crime? YES NO

If yes, please explain: _____

Been investigated regarding allegations of child abuse, sexual abuse, or neglect OR filed/been party to a protective order? YES NO

If yes, please explain: _____

Section 8 – Health History:

Has **any household member ever** participated in any type of counseling, therapy, or inpatient treatment, including children in the home? YES NO

If yes, please list the **name(s)** of the household member(s), the **dates of treatment**, the **name, address, and phone number of the counselor(s)**: (use back of page if needed)

Do you or any household member have a mental health diagnosis? YES NO

If yes, please list the name(s) of the household member(s), the diagnosis, and treatment history:

Do you or any household member have a history of drug or alcohol abuse or any other destructive addiction; i.e. porn or gambling? YES NO

If yes, please list the name(s) of the household member(s), a brief description of substances used, length of addiction, and treatment history, etc.:

Do you or any household member participate in or have ever participated in recreational drug and/or alcohol use? Smoking, vaping, etc.? YES NO

If yes, please list the name(s) of the household member(s) and a brief description of substances used and frequency of use, etc.:

Have you or any household member been issued a medical marijuana card? YES NO

If yes, please list the name(s) of the household member(s) and the reason for issued card:

Are you receiving or have you ever received SSI or other support for a disability? YES NO

If yes, please describe the qualifying condition: _____

Section 9 – Questionnaire about Fostering, Parenting, & Beliefs:

Section A: Motivation to Foster

Please explain your reasons for wanting to provide foster care and what you feel you and your family can offer a foster child:

Children of all ages need care. What age range are you open to?: _____

Placing siblings together is a priority at Marland's Place and our practice is to place one child or sibling group in a home at a time. Are you open to sibling groups? YES NO

If so how many children are you willing to welcome in your home?: _____

Section B: Foster Parent Responsibilities and Beliefs about Fostering:

A foster child’s “treatment team” consists of all parties involved in planning for the child’s care, providing various services and functions, and taking part in important decisions. The team usually consists of the Marland’s Place foster parents, Marland’s Place social worker, county social worker, birth parents (when appropriate), and possibly a therapist, doctor or teacher. Based on what you know at this point about foster care and the Marland’s Place program, please comment briefly on the following:

What do you think it would be like to be a member of a “treatment team”?:

What is your perspective/belief about children maintaining a connection with their birth families, even if they have been abused or neglected in the past?

Please comment briefly about your interest and abilities, or any concerns you might have about fulfilling any of the following responsibilities:

Meeting with Marland’s Place social worker in your home on a regular basis: _____

Transporting foster children to family visits, medical appointments, and other required appointments:

Supervising visitations with birth parents or other family members: _____

Providing documentation about a child’s developmental progress, family visits, clothing purchases, medical appointments:

Marland’s Place seeks to provide early intervention, and prevention of problems created by long term inadequate care. However, *all children who enter the foster care system* have been exposed to some degree of early parental abuse, neglect, and/or in-utero drug exposure. Please describe any current beliefs, attitudes, fears or concerns regarding this:

Section10: Reference & Background Checks:

I, the undersigned, have provided accurate information and authorize OKDHS and Marland's Place Foster Family Services 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, and all accompanying records, in completing an assessment of the application. I further authorize OKDHS & Marland's Place Foster Family Services 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.

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) _____.

Signed: _____ Date: _____
Applicant 1

Signed: _____ Date: _____
Applicant 2

Signed: _____ Date: _____
Other Adult Household Member

Signed: _____ Date: _____
Other Adult Household Member

Signed: _____ Date: _____
Other Adult Household Member

Personal References to be contacted! Please allow only ONE family member. Please include employers and school reference for school aged children if applicable:

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____