

Kickapoo Tribe of Oklahoma  
105365 S Highway 102  
McLoud, OK 74851  
Phone: 405-964-5426 Fax: 405-964-5431

**Family Preservation Application**

Name: \_\_\_\_\_ CDIB #: \_\_\_\_\_ Tribe: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Married  Single  Divorced  Widowed

Spouse/Significant Other Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Number of persons living in household: \_\_\_\_\_ Number of persons employed: \_\_\_\_\_

Do you receive any of the following:

- TANF \$ \_\_\_\_\_  Food Stamps \$ \_\_\_\_\_  SSI \$ \_\_\_\_\_  VA \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_

Are you receiving any other tribal services or DHS? \_\_\_\_\_

Do you currently have an open child welfare case with DHS or any tribal ICW agency? If yes, please elaborate: \_\_\_\_\_

Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_

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**HOUSEHOLD COMPENSATION:**

Name	Relationship	Sex	DOB	Social Security #	Grade/Employment

\*\*\*Add additional names to the back of this document\*\*\*

**Household Expenses**

Housing:	Household Needs:
Rent:	Food:
Electricity:	Child Care:
Water:	Clothing:
Gas:	Miscellaneous Items: toiletry, cosmetics, laundry, cleaning, etc.
Sanitation:	Car Payment:
Insurance:	Insurance:
Phone:	Fuel:
Maintenance:	Debts: Credit cards
Other:	Loans:
Medical: Prescriptions, Dr. visits, copays, etc.	

Total Income: \_\_\_\_\_ - Total Expenses: \_\_\_\_\_ = \_\_\_\_\_ (shortage / overage)  
 Circle One

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Please list type of assistance requested:

Rent     Gas     Water     Propane     Food     Other \_\_\_\_\_

**Explain Need:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will funds be used?

\_\_\_\_\_

Have you requested assistance from any tribal or non-tribal organization?  Yes  No

If yes, please state where and what type of assistance: \_\_\_\_\_

Are you and your family willing to attend family counseling?  Yes  No

I, \_\_\_\_\_ agree to participate in the voluntary family preservation program and hereby release the Kickapoo Tribe of Oklahoma Indian Child Welfare Program and it's agents and employees from any and all liabilities, responsibilities, damages, and claims which might result from the release of information and the provision of services authorized.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, provide authorization for Kickapoo Tribe of Oklahoma Indian Child Welfare to receive and release of information to the following agencies to aid in the collaboration of Family Preservation services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Release of Information to: Name: \_\_\_\_\_

Receive Information from: Address: \_\_\_\_\_

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Client Initials Phone: \_\_\_\_\_

Release of Information to: Name: \_\_\_\_\_  
 Receive Information from: Address: \_\_\_\_\_  
 Client Initials Phone: \_\_\_\_\_

Release of Information to: Name: \_\_\_\_\_  
 Receive Information from: Address: \_\_\_\_\_  
 Client Initials Phone: \_\_\_\_\_

Release of Information to: Name: \_\_\_\_\_  
 Receive Information from: Address: \_\_\_\_\_  
 Client Initials Phone: \_\_\_\_\_

Release of Information to: Name: \_\_\_\_\_  
 Receive Information from: Address: \_\_\_\_\_  
 Client Initials Phone: \_\_\_\_\_

Staff may offer the following services for parents, educational programs related to improving child-rearing skills, enhancing children's development, strengthening the family. Life enrichment and the prevention of personal and family problems. These services may include individual or group parenting education classes. Case management services including needs assessments, budgeting assistance, crisis planning, and community resources. Each parent will complete an individualized service plan outlining areas of strengths and needs. Financial assistance may be provided based upon identified needs.

When services are provided to a family all information is kept confidential and cannot be released without your written permission. We want to let you know however, there are special circumstances under which confidential information could be revealed such as:

- a. A "Duty to Warn" law that allows us to break confidentiality when danger exists to a child and/or others near the child.

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- b. Under special circumstances, the court may subpoena a child's records and may order a staff worker to give testimony during court hearing.

Your signature indicates that you have read and understand the above information concerning confidentiality, that you have read and understand the program description and service and that your consent is given to provide services to your family.

By signing this form, I certify the information I provided is accurate and true and that I have read and understand the application guidelines. I understand that it is my responsibility to submit all requested documentation before the application guidelines. I understand that any assistance received by myself or anyone else in the household could affect other household benefits. If it is determined that I have provided inaccurate information on this application, I may be denied further assistance.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use Only

Does the request fit criteria as outlined in Title IV B Part 2 for services?  Yes  No

Explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral made to other department or agency?  Yes  No

Referral made to: \_\_\_\_\_

\_\_\_\_\_  
Worker

\_\_\_\_\_  
Date

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