

KICKAPOO TRIBE OF OKLAHOMA
INDIAN CHILD WELFARE
Foster Care Application

P.O. Box 469
McLoud, OK 74851

ICW: 405-964-5426
Fax: 405-964-5431

Please print your information neat and clear. ICW will need a clear copy of your Driver's license, Social Security Card, Enrolment or CDIB, and Vehicle Insurance.

	Last Name	First Name	Date of Birth	Social Security No.
1.				
2.				

	Tribal Membership/Race	Enrollment Status	Hispanic Heritage
1.			Y / N
2.			Y / N

Mailing Address PO Box or Street _____ City _____ State _____ Zip Code _____

Physical Address if different _____ City _____ State _____ Zip Code _____

Description: _____

Years of residence: _____ Years in Oklahoma: _____

Other States lived: _____

Do you plan to move or change residence? : Yes No Uncertain

Where/When: _____

If you have lived at this residence less than ten years, please provide address (physical and mailing address, city, state and zip code) for the pass ten years on a separate sheet of paper.

Home Telephone: () _____

Cell: _____

Cell: _____

Work: _____

Work: _____

Email: _____

Email: _____

Current Marital Status:

Single –Never Married Married Divorce Widow

Marriage Date: _____ Place of Marriage: _____

Divorce Date: _____ Place of Divorce: _____

Educational and Employment Information:

Applicant	Highest Grade Completed	College or Technology School Attended	Degree/Certificate
1			
2			

Applicant	Current Employer, Address	Start Date	Salary
1			
2			

House Hold Information:

Home status: Own Rent Other: _____

Number of bedrooms: _____ Number of Rooms: _____

List all member who live in the household other than Applicants 1 and 2.

Last Name, First	Relationship To Applicant	Date of Birth	Gender	School Grade or Employer

Use additional sheet if more space is needed to list all members in the household.

NOTE : ALL INDIVIDUALS OVER THE AGE OF 18 YEARS OLD WILL BE REQUIRED TO SUBMIT A BACKGROUND AND CHILD ABUSE AND NEGLECT INFORMATION.

Number of Vehicles: _____ Number of Vehicles Insured: _____

List year, Make and Model of all vehicles:

App. 1 Yes No Have you ever cared for a child whether agency or individual?

App. 2 Yes No If Yes, state their name and address:

App. 1 Yes No Have you or any household members been arrested or

App. 2 Yes No Convicted of a criminal offense?

If Yes, _____

App. 1 Yes No Have you or any household members been investigated for

App. 2 Yes No child physical abuse, sexual abuse, or neglect.

If Yes, _____

The information provided in this application is true to the best of my knowledge. I understand that false or omitted information could lead to the immediate disqualification of home certification status.

Applicant Signature 1

Date

Applicant Signature 2

Date