



Agency Certification Report

The child placing agency certifies to OKDHS that each foster home or independent living arrangement complies with the licensing requirements for child placing agencies. The form is completed in duplicate by the child placing agency representative.

Child placing agency		County	
Name of staff completing form		Phone number	
Street address	City	State	Zip + 4

Foster home

Identifying information

Family name		County	
Street address	City	State	Zip + 4

Foster parents

Head of household 1		Date of birth	Social Security number
Home phone	Work phone		Cell phone
Fingerprint date	E-mail		
Gender	Marital status	Language	
Primary race	Secondary race	Hispanic or Latino origin Yes <input type="checkbox"/> No <input type="checkbox"/>	
Head of household 2		Date of birth	Social Security number
Home phone	Work phone		Cell phone
Fingerprint date	E-mail		
Gender	Marital status	Language	
Primary race	Secondary race	Hispanic or Latino origin Yes <input type="checkbox"/> No <input type="checkbox"/>	

Other household members	Date of birth	Relationship

Resource school district: _____

Independent living

Street address	City	State	Zip +4
Number of residents		Age range	

I hereby certify that the above living situation complies with the requirements for licensing under the provisions of the Oklahoma Child Care Facilities Licensing Act. (10 O.S. § 401-415)

_____ Agency representative _____ Date

Original: State Office, Oklahoma Child Care Services
 Copy: Child placing agency file
 County Child Welfare agency liaison