



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**

**Bridge Resource Family  
Assessment Application**



County

Check all that apply:

Kinship foster home

Adoptive home

Foster home

Both foster and adoptive home

**Resource applicant information**

|  |                              |   |                        |                 |
|--|------------------------------|---|------------------------|-----------------|
| <b>Applicant father</b>                          |                              | Date of birth   | Social Security number |                 |
| Race   | Tribe                        |   | Roll number            |                 |
| Certificate of degree of Indian blood (CDIB) no. |                              | Consecutive years living in Oklahoma  |                        |                 |
| States lived in within the last five years       |                              | Are you a U.S. citizen?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                        |                 |
| Present marriage date                            | Number of previous marriages |   | Divorce date(s)        |                 |
| Grade completed                                  | Advanced degree              | School name and location  |                        | Completion date |
| Current occupation                               |                              | Name of employer  |                        |                 |
| Supervisor                                       |                              | Area code   | Phone                  |                 |
| Employer street address                          | City                         |   | State                  | Zip             |
| Approximate total monthly take home pay          |                              |   |                        |                 |

Have you served in the armed forces? Yes  No   
Provide a copy of DD Form 214, Certificate of Release of Discharge from Active Duty.

|  |                              |   |                        |  |
|--|------------------------------|---|------------------------|--|
| <b>Applicant mother</b>                          |                              | Date of birth   | Social Security number |  |
| Race   | Tribe                        |   | Roll number            |  |
| Certificate of degree of Indian blood (CDIB) no. |                              | Consecutive years living in Oklahoma  |                        |  |
| States lived in within the last five years       |                              | Are you a U.S. citizen?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                        |  |
| Present marriage date                            | Number of previous marriages |   | Divorce date(s)        |  |

|   |                 |                          |                 |
|---|-----------------|--------------------------|-----------------|
| Grade completed                         | Advanced degree | School name and location | Completion date |
| Current occupation                      |                 | Name of employer         |                 |
| Supervisor                              |                 | Area code                | Phone           |
| Employer street address                 | City            | State                    | Zip             |
| Approximate total monthly take home pay |                 |                          |                 |

Have you served in the armed forces? Yes  No   
 Provide a copy of DD Form 214, Certificate of Release of Discharge from Active Duty.

|                                    |            |           |                |           |            |
|------------------------------------|------------|-----------|----------------|-----------|------------|
| Area code                          | Home phone | Area code | Cell phone     | Area code | Cell phone |
| Street or P.O. Box mailing address |            | City      | State          | Zip       |            |
| Finding directions to your home    |            |           |                |           |            |
| E-mail address                     |            |           | E-mail address |           |            |

**Other household members, including children, foster children, relatives, and non-relatives.** All persons must be listed.

| Name – include last name | Relation-ship | Age | Gender | Social Security no. | Employment or school |
|--------------------------|---------------|-----|--------|---------------------|----------------------|
|                          |               |     |        |                     |                      |
|                          |               |     |        |                     |                      |
|                          |               |     |        |                     |                      |
|                          |               |     |        |                     |                      |
|                          |               |     |        |                     |                      |

**Children under 18 years of age not living in the home:**

| Name | Age | Address | Reason out of home |
|------|-----|---------|--------------------|
|      |     |         |                    |

| Name | Age | Address | Reason out of home |
|------|-----|---------|--------------------|
|      |     |         |                    |
|      |     |         |                    |
|      |     |         |                    |
|      |     |         |                    |

**Description of home:**

|  |                 |                |                    |
|--|-----------------|----------------|--------------------|
| Home<br>Rent <input type="checkbox"/> Own <input type="checkbox"/> | Number of rooms | Square footage | Number of bedrooms |
|--|-----------------|----------------|--------------------|

**Other applicant information.**

Have you ever applied to foster, adopt, or provide child care? Yes  No   
 If yes, list name and address of agency or person: \_\_\_\_\_

Have you or any household member:

- had any criminal charges filed against you or been arrested? 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: \_\_\_\_\_

List six personal references, **only one of whom is a family member.**

| Name | Address and phone | Relationship |
|------|-------------------|--------------|
|      |                   |              |
|      |                   |              |
|      |                   |              |
|      |                   |              |
|      |                   |              |
|      |                   |              |

List the name of school principal, counselor, or a teacher for each school-age child. Use additional sheet if necessary.

| Child's name | School name and phone | Grade | School official to contact |
|--------------|-----------------------|-------|----------------------------|
|              |                       |       |                            |
|              |                       |       |                            |
|              |                       |       |                            |

Do you home school any of your children? Yes  No

List all children 18 years of age or older of each applicant. Use additional sheet if necessary.

| Name | Address and phone | Do you have contact?                                     |
|------|-------------------|--|
|      |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|      |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|      |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|      |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|      |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|      |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|      |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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, 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 e-mail. **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.**

|                           |               |                                       |               |
|---------------------------|---------------|---------------------------------------|---------------|
| _____<br>Applicant father | _____<br>Date | _____<br>Other adult household member | _____<br>Date |
| _____<br>Applicant mother | _____<br>Date | _____<br>Other adult household member | _____<br>Date |

**NOTICE:** OKDHS 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 Director of OKDHS, P.O. Box 25352, Oklahoma City, Oklahoma 73125, Secretary of Health and Human Services, Washington D.C., or both.