

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES

SPECIALIZED FOSTER CARE/AGENCY COMPANION SERVICES APPLICATION

CHECK ONE

- Foster Care Application
 Agency Companion Services Application

Home Telephone No. _____ County _____

Business Telephone No. _____ Area _____

1. IDENTIFYING INFORMATION:

NAME: Including any aliases	Tribal Membership or Affiliation	Birthdate	Race	Religion	Social Security Number
Applicant (Last, First, Middle Initial)					
Spouse					

2. PRESENT MAILING ADDRESS:

P.O. Box, RFD Number or Street _____ City _____ State _____ Zip _____

3. FINDING DIRECTIONS: _____

4. OTHER MEMBERS OF THE HOUSEHOLD (including children, relatives, other members. All persons living in the home must be included):

NAME: Including any aliases	Relationship	Birthdate	Sex	Grade in school (children) Occupation (adults)

5. PRESENT MARRIAGE: Date _____ Place _____
Previous Marriages _____

6. EDUCATIONAL HISTORY: List highest grade completed or specify advanced degree

	Grade School	High School	College	Name and Location	Date
Applicant					
Spouse					

7. CURRENT EMPLOYMENT/SOURCE OF INCOME:

	Employer	Address of Employer	Date Employed	Monthly Salary
Applicant				
Spouse				

8. Have you ever cared for a child or an adult for any other agency or private individual? Yes No. If "Yes," give name and address of agency or individual.

9. From what source did you learn of the Department's Foster Home/Companion Program? _____

10. Have you or any member of your family or household been arrested for or convicted of a criminal action? Yes No

If yes, explain: _____

Are you or any member of your family or household currently on probation or parole? Yes No

If yes, explain: _____

Have you or any member of your family been investigated for physical abuse, sexual abuse, exploitation or neglect of any child, adult or animal? Yes No

11. References: Give as references six persons (of whom not more than two are relatives) who are well acquainted with your family. If a relative is listed, give relationship. Give local references, if possible.

Name	Mailing Address and Telephone Number	Relationship to Applicant

NOTICE: The Oklahoma Department of Human Services has assured compliance with DHHS Regulations, Title 45, Code of Federal Regulations Part 80 (which implements Public Law 88-352 Civil Rights Act of 1964, Section 601), Part 84 (which implements Public Law 93-112, Rehabilitation Act of 1973, Section 504), and Part 90 (which implements Public Law 94-135, Age Discrimination Act of 1975, Section 301). These laws and regulations prohibit excluding from 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 age except as legislatively permitted or required. Written complaints of noncompliance with any of these laws should be made to the Director of Human Services, P.O. Box 25352, Oklahoma City, Oklahoma 73125, or the Secretary of Health and Human Services, Washington D.C. or both.

We, the undersigned, declare this information is true and authorize DHS to use the above information in completing an investigation of our application, including checking the National Crime Information Center and Central Child Abuse Registry. We further understand that the placement of an individual in our home will be on a temporary basis, supervised by a staff member of DHS, and subject to removal at the discretion of DHS. Failure of all members of the household over age 18 to sign, complete and provide correct information on this application will result in denial, withdrawal, or cancellation of the application.

Signature of Applicant _____
Date

Signature of Spouse _____
Date

Signature of Other Adult member of Household _____
Date

Signature of Other Adult member of Household _____
Date