



**SENECA-CAYUGA TRIBE  
OF OKLAHOMA**

23701 S 655 Road, HWY 10  
Grove, Oklahoma 74344  
(918) 786-3508  
E-FAX: (918) 516-0248

May 5, 2016

Dear Applicant:

Thank you for your interest in becoming a foster placement for our tribal children. In order to complete your possible certification as a Tribal Approved Foster/Adoptive Home and/or Tribal Approved Indian Foster/Adoptive Home, we will need the following information from you, your spouse (if applicable) and your family. Please see the following checklist for necessary documents.

- \_\_\_ Full name and addresses for FOUR non-relative references
- \_\_\_ Two pictures of yourself and the exterior of your home
- \_\_\_ Medical reports (within past 2 years) on health provider's letterhead stating you are in good health and able to continue to care for a child/children or a physician's statement (form enclosed)
- \_\_\_ Marriage license and/or Divorce Decree (if applicable)
- \_\_\_ Financial statements (form enclosed) and last two years tax returns
- \_\_\_ Signed consent forms (enclosed) for OSBI and DHS background checks
- \_\_\_ Proof of Tribal Enrollment (copy of CBID or tribal membership card)
- \_\_\_ Copy of Driver's license, current insurance and Social Security Card

Please complete the enclosed forms and send the requested documents as quickly as possible. If you have any questions, please do not hesitate to contact me at the above listed number.

Sincerely,



Mark Westfall  
Indian Child Welfare Director  
Seneca-Cayuga Tribe of Oklahoma  
Cell No: (918) 533-8377

**Personal Applicant Information (Male's Information)**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Last Grade Completed? \_\_\_\_\_ Trade/Vo-Tech: \_\_\_\_\_

Where are you currently employed?: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Where were you raised?: \_\_\_\_\_

Who were the primary caregivers during your childhood? \_\_\_\_\_

When you were a child, who disciplined you? \_\_\_\_\_

What forms of discipline were most often used to correct your behavior? \_\_\_\_\_

Do you feel these were appropriate disciplinary methods? \_\_\_\_\_

What methods of discipline do you propose to use on your foster child(ren)? \_\_\_\_\_

Are your parents, or the caregivers responsible for raising you, still living? Mother: YES NO Father: YES NO

Do your parents have any significant health problems? \_\_\_\_\_

How many brothers/sisters do you have? Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_

Do any of your siblings have any significant health problems? \_\_\_\_\_

What is your marital status? (circle one) Married Single Divorced Widowed

Date of Marriage: \_\_\_\_\_

Do you have any children from a previous relationship? How Many? \_\_\_\_\_

How many children from your present marriage? \_\_\_\_\_

Do you pay child support or alimony? \_\_\_\_\_

If so, specify amount: Child Support \_\_\_\_\_ Alimony \_\_\_\_\_

What is the current condition of your health? Excellent Good Fair Poor (circle one)

Do you have any significant health problems? \_\_\_\_\_

Do you belong to a church or other religious organization? \_\_\_\_\_

If a foster child in your care were of a different religion or denomination, how would you facilitate the spiritual needs of the child? \_\_\_\_\_

Do you actively participate in any other social organizations? \_\_\_\_\_

Have you ever been arrested? YES NO (circle one)

If yes, explanation of arrest: \_\_\_\_\_

Have you ever been convicted of a crime? YES NO (circle one)

If yes, explanation of conviction: \_\_\_\_\_

Has any other member of the household ever been arrested? YES NO (circle one)

If yes, explanation of arrest: \_\_\_\_\_

Is there any history of physical, sexual and or emotional abuse in your life? \_\_\_\_\_

Describe your cultural perspective concerning Tribal customs and ceremonies?

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What activities or hobbies do you enjoy in your spare time?

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What would be your attitude toward accepting a child who has been the victim of sexual/physical abuse?

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What is your total income per month?:

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Do you have any preferences regarding the age, gender or background of a foster child? If so, explain:

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***Please list any additional information (below) regarding all additional members (ages, etc) in the household and their relationship to you and your spouse.***

**Personal Applicant Information (Female's Information)**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Last Grade Completed? \_\_\_\_\_ Trade/Vo-Tech: \_\_\_\_\_

Where are you currently employed?: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Where were you raised?: \_\_\_\_\_

Who were the primary caregivers during your childhood? \_\_\_\_\_

When you were a child, who disciplined you? \_\_\_\_\_

What forms of discipline were most often used to correct your behavior? \_\_\_\_\_

Do you feel these were appropriate disciplinary methods? \_\_\_\_\_

What methods of discipline do you propose to use on your foster child(ren)? \_\_\_\_\_

Are your parents, or the caregivers responsible for raising you, still living? Mother: YES NO Father: YES NO

Do your parents have any significant health problems? \_\_\_\_\_

How many brothers/sisters do you have? Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_

Do any of your siblings have any significant health problems? \_\_\_\_\_

What is your marital status? (circle one) Married Single Divorced Widowed

Date of Marriage: \_\_\_\_\_

Do you have any children from a previous relationship? \_\_\_\_\_

How many children from your present marriage? \_\_\_\_\_

Do you pay child support or alimony? \_\_\_\_\_

If so, specify amount: Child Support \_\_\_\_\_ Alimony \_\_\_\_\_

What is the current condition of your health? Excellent Good Fair Poor (circle one)

Do you have any significant health problems? \_\_\_\_\_

Do you belong to a church or other religious organization? \_\_\_\_\_

If a foster child in your care were of a different religion or denomination, how would you facilitate the spiritual needs of the child? \_\_\_\_\_

Do you actively participate in any other social organizations? \_\_\_\_\_

Have you ever been arrested? YES NO (circle one)

If yes, explanation of arrest: \_\_\_\_\_

Have you ever been convicted of a crime? YES NO (circle one)

If yes, explanation of conviction: \_\_\_\_\_

Has any other member of the household ever been arrested? YES NO (circle one)

If yes, explanation of arrest: \_\_\_\_\_

Is there any history of physical, sexual and or emotional abuse in your life?

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Describe your cultural perspective concerning Tribal customs and ceremonies?

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What activities or hobbies do you enjoy in your spare time?

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What would be your attitude toward accepting a child who has been the victim of sexual/physical abuse?

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What is your total income per month?:

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Do you have any preferences regarding the age, gender or background of a foster child? If so, explain:

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***Please list any additional information (below) regarding all additional members (ages, etc) in the household and their relationship to you and your spouse.***

**HOME STUDY APPLICANT - PHYSICAL EXAMINATION REPORT**

NOTE: This form may be used by the physician in lieu of a narrative or other type report form.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Address: \_\_\_\_\_ County: \_\_\_\_\_

Health History: (Check block to indicate history of any of the following)

Convulsive disorder       mental illness       heart disease  
 tuberculosis               venereal disease       recent major injury  
or operation (Specify) \_\_\_\_\_

Result of treatment for any item(s) checked above:

complete recovery       partial recovery       continued incapacity

Check block if patient is subject to any of the following symptoms or conditions:

headache                       fainting               asthma, severe  
 orthopedic handicap       other (specify) \_\_\_\_\_

PHYSICAL EXAMINATION: Check block if normal, explain if any evidence of abnormality)

vision \_\_\_\_\_  hearing \_\_\_\_\_  blood pressure \_\_\_\_\_  
 heart \_\_\_\_\_  lungs \_\_\_\_\_

*Attach laboratory reports, as indicated, for tuberculosis, urine, etc.*

General physical condition:

\_\_\_\_\_

Current medication:

\_\_\_\_\_

Over what period of time have you known the patient professionally?

\_\_\_\_\_

Does patient have any condition that would impair ability to care for children?

\_\_\_\_\_

Comment:

\_\_\_\_\_

\_\_\_\_\_

Examination date: \_\_\_\_\_

Physician: \_\_\_\_\_

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



**HOME STUDY APPLICANT - PHYSICAL EXAMINATION REPORT**

NOTE: This form may be used by the physician in lieu of a narrative or other type report form.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Address: \_\_\_\_\_ County: \_\_\_\_\_

Health History: (Check block to indicate history of any of the following)

Convulsive disorder       mental illness       heart disease  
 tuberculosis       venereal disease       recent major injury  
or operation (Specify) \_\_\_\_\_

Result of treatment for any item(s) checked above:

complete recovery       partial recovery       continued incapacity

Check block if patient is subject to any of the following symptoms or conditions:

headache       fainting       asthma, severe  
 orthopedic handicap       other (specify) \_\_\_\_\_

PHYSICAL EXAMINATION: Check block if normal, explain if any evidence of abnormality)

vision \_\_\_\_\_  hearing \_\_\_\_\_  blood pressure \_\_\_\_\_  
 heart \_\_\_\_\_  lungs \_\_\_\_\_

*Attach laboratory reports, as indicated, for tuberculosis, urine, etc.*

General physical condition:

\_\_\_\_\_

Current medication:

\_\_\_\_\_

Over what period of time have you known the patient professionally?

\_\_\_\_\_

Does patient have any condition that would impair ability to care for children?

\_\_\_\_\_

Comment:

\_\_\_\_\_

Examination date: \_\_\_\_\_

Physician: \_\_\_\_\_

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

**FAMILY FINANCIAL STATEMENT**  
**(The information on this form is confidential)**

**FINANCIAL STATEMENT** average monthly income

Husband's Gross: \_\_\_\_\_

Wife's Gross: \_\_\_\_\_

Other Income : \_\_\_\_\_ Includes child support, investments, retirement, etc.

Family's Total Gross (take home) per month \$ \_\_\_\_\_

**MONTHLY BUDGET**

- |   |          |
|---|----------|
| 1. Housing ( ___ Rent or ___ Own)           | \$ _____ |
| 2. Utilities                                | \$ _____ |
| 3. Food                                     | \$ _____ |
| 4. Medical (drugs, doctor, dentist)         | \$ _____ |
| 5. Insurance (life, home, auto, etc)        | \$ _____ |
| 6. Vehicle(s) payment(s)                    | \$ _____ |
| 7. Tax Exempt/Charitable contributions      | \$ _____ |
| 8. Day Care/School expenses                 | \$ _____ |
| 9. Entertainment                            | \$ _____ |
| 10. Clothing                                | \$ _____ |
| 11. Gasoline                                | \$ _____ |
| 12. Miscellaneous (allowances, incidentals) | \$ _____ |
| 13. Credit Card/Installment payments        | \$ _____ |
| 14. Student Loan payments                   | \$ _____ |
| TOTAL                                       | \$ _____ |

We are in arrears/behind on the following debts (list all)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature