

# SENECA - CAYUGA NATION

23701 South 655 Road Grove, Oklahoma 74344 | P: 918-787-5452 | F: 918-787-5521 | [www.sctribe.com](http://www.sctribe.com)

Dear Interested Party,

The Seneca-Cayuga Nation Indian Child Welfare Department would like to thank you for your interest in the foster care placement of our Tribal children. Working together to keep our children safe is the main goal of the Indian Child Welfare Department. Interested individuals will be required to submit the following foster care application and additional information.

- CANIS/DHS background check completed and signed
- Name-Based OSBI background check completed and signed
- A copy of the interested party's social security card and driver's license
- 3 Personal references (only 1 can be a family member)

If you have any questions, please contact the Indian Child Welfare Department.

Kim Phillips – Indian Child Welfare Director – 918-791-6054

Brittany White – Indian Child Welfare Specialist – 918-791-6078

## House assessment

Resource name		resource number	
Date completed		County	
Street address	City	State	Zip

### Assess exposure to secondhand smoke.

1. Is smoking allowed in the house? Yes  No
2. Is smoking allowed in the family's automobile(s)? Yes  No
3. If you smoke, where do you smoke? \_\_\_\_\_
4. What is the plan to prevent exposing a child to secondhand smoke?

### Assess the physical facilities of house for safety hazards.

1. Are weapons in the household? Yes  No   
If yes, describe how are weapons stored so a child's access will be prevented.

List weapons.

2. Are household cleaning supplies out of reach of a young or vulnerable child? Yes  No
3. Are medicines stored properly and out of reach of a young or vulnerable child? Yes  No

House assessment

4. Is there adequate indoor space for play activities? Yes  No
5. Is there adequate and safe outdoor space for play activities? Yes  No
6. Does the interior of the house present any safety or health hazards? Yes  No
7. Does the exterior of the house present any safety or health hazards? Yes  No
8. Are there any traffic hazards due to the location of the house? Yes  No
9. If the house is not on a municipal system for sanitary facilities, is there an adequate toilet and bathing water supply and a safe means for garbage and sewer disposal? Yes  No
10. Are there safety issues related to the bathroom, such as leaky faucets, hot water drips, and open-faced heaters? Yes  No
11. Is there an emergency evacuation plan in the event of a fire, tornado, or flood? Yes  No
12. Are emergency numbers posted by the phone? Yes  No

House assessment

**Does the house have:**

13. at least one working smoke detector in the vicinity of the sleeping areas? Yes  No   
Where is it located? \_\_\_\_\_
14. a working fire extinguisher in the kitchen area? Yes  No
15. electrical outlets with covers or other safety features where age or developmentally appropriate? Yes  No
16. clear glass doors plainly marked to avoid accidental impact? Yes  No
17. stairs or steps? Yes  No   
If yes, are guards or rails present for four or more steps? Yes  No   
If yes, are safety gates used at stairways for the child(ren) less than four years of age? Yes  No
18. a fireplace? Yes  No   
If yes, does it have a screen or other safety feature? Yes  No
19. a woodburning stove? Yes  No  Other safety feature?   
If yes, does it have a screen, guard or
20. a floor furnace or wall heater? Yes  No   
If yes, does it have a screen or other safety feature? Yes  No
21. an open-faced space heater? Yes  No   
If yes, does it have a screen, auto cut-off feature, guard, or other safety feature? Yes  No
22. a swimming pool or pond? Yes  No   
If yes, how is a child's protection and safety ensured?
23. a pet(s)? Yes  No   
if yes, how is a child(ren)'s protection and safety ensured? Include information on the type of pet(s), date last rabies vaccinations given, pen(s), and cages(s).

Describe the pet's history of behavior around children.

24. other safety issues?

Specify:

Yes  No

Does the family have a working phone?

Area code	House	Area code	Cell	Area code	Work
Emergency contact name				Area code	Phone

Does the family have a working automobile with state-mandated liability insurance?

Name of automobile owner	Insurance company	Expiration date
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Assess the family's sleeping arrangements.

Number of bedrooms in the house: \_\_\_\_\_

Bedroom	Who sleeps or will sleep in each of the bedrooms?
1	
2	
3	
4	
5	

- Will all members of the household sleep in a bedroom?  
If not, explain where each person will sleep. Yes  No
- Is an individual bed available for each of the children to be placed in the home? Yes  No
- Are the bedrooms well lighted and ventilated? Yes  No
- Does the house have adequate storage for additional children's clothes and possessions? Yes  No
- Does the family have or are they willing to provide age appropriate childcare equipment for a child, such as cribs, high chairs, car seats. Yes  No

**Noncompliance issues(s).** When areas of concern or safety/non-compliance issues are identified, describe the plan, according to action step(s) and timeframe(s) that will correct the deficiencies.

House assessment

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Comments:

Applicant mother signature

Date

Applicant father signature

Date

Child Welfare signature

Date

Contractor signature, if applicable

Date

**Seneca-Cayuga Nation**  
**Indian Child Welfare**

**Resource Applicant:**

**D.O.B:**

**Race:**

**Tribal Affiliation:**

**Social Security Number:**

**Work Number:**

**Cell Number:**

**E-mail:**

**Resource Applicant:**

**D.O.B:**

**Race:**

**Tribal Affiliation:**

**Social Security Number:**

**Work Number:**

**Cell Number:**

**E-mail:**

**Street Address:**

**City:**

**State:**

**County:**

**Children in the home**

**Date of Birth**

**Relationship**

**Other Household Members**

**Date of Birth**

**Relationship**

**1. Motivation/Training/Contact:**

**a. Motivation to become a Tribal Resource Home:**

**b. Policies:**

**c. Contact:**

**2. Family History:**

**a. Resource Mother:**

**i. Description:**

**ii. Childhood:**

**iii. Parents:**

**iv. Siblings:**

**v. Physical and Behavioral Health:**

**vi. Education:**





**7. Background Information:**

- a. OSBI:
- b. Oklahoma Sex Offender Registry:
- c. Oklahoma Department of Public Safety:
- d. CANIS:
- e. Fingerprints:

**8. Employment & Finances:**

- a. Review:

**9. Insurance:**

- a. Auto:

**10. Home Environment/Community:**

- a. Home and Neighborhood:

- b. Transportation:

- c. Emergency & Disaster Plans:

**11. Reference:**

**12. Summary & Recommendation:**

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Name, Indian Child Welfare Director

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Date



Applicant Information

First name Middle Name  N/A Last name

Aliases, including maiden:  N/A (check box if this section does not apply to the applicant)

First name	Middle name	Last name

Nickname(s)

Date of birth  Male  Female Height Weight

City and state of birth Social Security number

Hair color Eye color Driver license (DL) number State DL issued

Mailing address City State ZIP code

Phone number Fax number Email

Previous Five Years Residency

List all states, other than Oklahoma, you have lived in during the past five (5) years.

N/A (check box if this section does not apply to the applicant)

State	Start date	End date

List all countries, other than the United States of America, you have lived in during the past five (5) years.

N/A (check box if this section does not apply to the applicant)

Country	Start date	End date

Have you ever been convicted of a crime?

Yes  No

If yes, explain:

## Consent and Signature

- I understand Oklahoma Human Services (OKDHS) will evaluate the results of the state background checks and/or national fingerprint-based background check as part of a comprehensive review.
- I understand OKDHS will evaluate child abuse and neglect history for Oklahoma and all other states as required and when available as part of a comprehensive review.
- I understand registration on the Restricted Registry may occur when there is a confirmed or substantiated finding of abuse or neglect against a child in care.
- The Oklahoma State Bureau of Investigation (OSBI) will retain my fingerprints in the Automated Fingerprint Identification System and will notify the OKDHS Office of Background Investigations (OBI) of any future Oklahoma criminal arrests through the Records of Arrest and Prosecution (RAP) Back service.
- I understand my fingerprints will be used to check the Federal Bureau of Investigation's (FBI's) criminal history records. The FBI will retain my fingerprints and associated information/ biometrics and, while retained, my fingerprints will continue to be compared against other fingerprints submitted to or retained by the FBI.
- I understand I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Section 16.34 of Title 28, United States Code of Federal Regulations. Additional information:  
<https://www.fbi.gov/about-us/cjis/background-checks>

- I have received and reviewed the privacy policy. View the privacy policy online at: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

I certify that all personal identifying information provided on this form is true and correct. I understand the purpose of this form and background check and grant permission, without recourse, for the use and release of information as necessary for the purpose of an Oklahoma name-based and/or a national fingerprint criminal background check and driving record. This information cannot be released for any other purpose without my written permission.

Signature

Date

## Background Check Purpose

This section is completed by the OKDHS representative or requesting authority.

### Request Type and Reason

#### Adoption

- Indian Child Welfare (ICW) or tribal adoption
- OKDHS adoption
- Private domestic adoption
- Private international adoption

#### Erica's rule

- Erica's rule

#### Foster care

- Alternate caregiver
- Contracted resource family partnership (RFP)
- Developmental Disability Services (DDS) specialized foster care
- Emergency after hours placement-follow up (Purpose Code X)
- ICW or tribal foster care
- OKDHS foster care
- Therapeutic foster care (TFC)

#### Guardianship

- ICW or tribal guardianship
- OKDHS guardianship
- Private guardianship

#### Host homes

- Host homes

#### Immediate Protective Action Plan (IPAP) or Safety Plan

- Immediate Protective Action Plan (IPAP) or Safety Plan

Re-issue

- Re-issue child welfare fingerprint result within last five years
- Re-issue child welfare name based result within last 30 calendar days

Trial reunification

- Trial Reunification

If requesting a national fingerprint background check, you must be fingerprinted prior to completing this form. If you have not been fingerprinted, a complete national fingerprint-based background check cannot be conducted.

Transaction control number/TCN#

Questions?  
 Contact the Office of Background Investigations  
 1-800-347-2276  
[OBICW@okdhs.org](mailto:OBICW@okdhs.org)

**OKDHS Representative or Requesting Authority**

Name Title

Mailing address City State ZIP code

Phone number Fax number Email

**Stop!** This form **must** be signed by the subject of the background check.

Note: This form and the information contained within including, but not limited to, obtaining accurate information and signatures, are the responsibility of the person submitting this request. Paper copies must be kept on file for a minimum of five (5) years and are subject to audit by OKDHS OBI, OSBI, and the FBI.

**Routing**

Send completed request by mail to:  
 OKDHS Office of Background Investigations  
 PO Box 268935  
 Oklahoma City, OK 73126

Or scan and send completed request by email to:  
[OBICW@okdhs.org](mailto:OBICW@okdhs.org)

Or by fax to:  
 405-702-5053

Per Section 1-6-102 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-6-102), Oklahoma Human Services (OKDHS) is authorized to provide records to any federally recognized Indian tribe for any individual who has applied for foster care placement, adoptive placement, or guardianship placement through the tribe. Section 1-6-102 specifies that the tribe shall be required to maintain the confidentiality of the records.

Upon receipt of any findings letter, the tribal representative may contact their local Child Welfare Services office and, upon the showing of credentials, may review and/or copy records necessary in the assessment of applicants interested in fostering, adopting, or obtaining guardianship through a tribe.

Oklahoma Human Services (OKDHS) is requested to conduct a Child Abuse and Neglect Information System search for the tribal resource applicants named below. **A signed authorization to release information is required for all persons living in the home 18 years of age and older.**

**Priority of Request - Completed by the Tribe**

- Emergency - delaying immediate placement of a child  
Anticipated placement date: \_\_\_\_\_
- Urgent - urgent placement request or needed for upcoming court date  
Date required: \_\_\_\_\_
- Routine - all other request types

**Type of Placement - Completed by the Tribe**

- Foster care
- Adoption
- Therapeutic foster care
- Guardianship
- Other: \_\_\_\_\_

**Requested By - Completed by the Tribe**

\_\_\_\_\_  
Tribal representative \_\_\_\_\_  
Phone number

Verification by a tribal representative must accompany this request.  
This request will not be completed when required verifications are not included.

**Tribal Resource Applicant - Completed by the Applicant**

\_\_\_\_\_  
First name Middle name Last name

Aliases, including maiden name, former married name, and all other names

Date of birth      Email address      Social Security number

Current street address      City      State      ZIP code

Years at current address      Previous county of residence

Previous street address      City      State      ZIP code

Dates resided

Previous street address      City      State      ZIP code

Dates resided

Previous street address      City      State      ZIP code

Dates resided

**Name of Applicant's Children (In or Out of the Household)**

First name      Middle name      Last name

First name      Middle name      Last name

First name      Middle name      Last name

First name      Middle name      Last name

**Unsworn Declaration Under Penalty of Perjury**

I certify that placement is being pursued through the \_\_\_\_\_  
tribe, and the search report is used for the purpose of assessing eligibility only. I further certify under  
penalty of perjury under the laws of the State of Oklahoma that the information entered above is true  
and correct to the best of my information and belief.

Applicant signature      Date



## Routing Information

Email to: CANISTRIBES@okdhs.org

ATTN: Tribal IV-E Unit - Child Welfare Services, CANISTRIBES

Mail to: Oklahoma Human Services  
Tribal IV-E Unit - Child Welfare Services  
Child Abuse and Neglect Information System (CANISTRIBE)  
2320 Arlington Street Suite B  
Ada, Oklahoma 74820