



Miami Tribe of Oklahoma

3410 P St. NW, Miami, OK 74354 • P.O. Box 1326, Miami, OK 74355
www.miamination.com



Corinna Campbell-Green ICW Coordinator Cell: 918.325.9078 Office: 918.541.1381	Trina Grayson Assistant ICW Coordinator Cell: 918.961.1395 Office: 918.541.1383 Fax #: 1-918-515-6051
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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 Foster/Adoptive Home and/or Tribal Approved Indian Foster/Adopted Home, we will need the following information from you, your partner (*if applicable*) and your family. Please see the following checklist for necessary documents.

- Full name and address for FOUR (4) non-relative references
- Two (2) 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 CDIB 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,

Corinna Campbell-Green
ICW Coordinator



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Home Study Summary

County: _____ Date of Application: _____

Foster Home #: _____ Date of Re-Application: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone#: _____

Foster Parent #1

Applicants Name: _____ DOB: _____

Race: _____ Religious/Spiritual Affiliation: _____ Tribal Affiliation: _____

Social Security #: _____ Driver's License #: _____

Employer: _____

Address: _____ Phone#: _____

Foster Parent #2

Applicants Name: _____ DOB: _____

Race: _____ Religious/Spiritual Affiliation: _____ Tribal Affiliation: _____

Social Security #: _____ Driver's License #: _____

Employer: _____

Address: _____ Phone#: _____

Foster Parent #1 Signature

Date

Foster Parent #2 Signature

Date

Foster Home #: _____

County: _____

Indian Child Welfare: _____

Date: _____



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Family Financial Statement

FINANCIAL STATEMENT (average monthly income)

Date: _____

Foster Parent #1 Gross Income: _____

Foster Parent #2 Gross Income: _____

Other Income: _____

(THIS SHOULD INCLUDE CHILD SUPPORT, INVESTMENTS, RETIREMENT, ETC.)

MONTHLY BUDGET

- | | |
|--|----|
| 1. Housing- <input type="checkbox"/> Rent <input type="checkbox"/> Own | \$ |
| 2. Utilities | \$ |
| 3. Food | \$ |
| 4. Medical (drugs, doctors, 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 | \$ |
| 13. Credit Card/Installment Payments | \$ |
| 14. Student Loan Payments | \$ |

TOTAL

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

_____	_____
_____	_____
_____	_____

Foster Parent #1 Signature

Foster Parent #1 Signature



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Personal Applicant Information

Foster Parent #1

Name: _____ Applicant# _____

Date of Birth: _____ Place of Birth: _____

Male: [] Female: [] Height: _____ Weight: _____

Last Grade Completed: (Circle One)

12th Grade | GED | Some College | Associate Degree | Bachelor's Degree | Advanced Degree | Trade School | Vo-Tech

Where are you currently employed? _____

Length of Employment: _____ Full Time: [] Part Time: []

What is your total income per month? _____

Do you pay child support? Alimony? If so, specify amount: _____

Do you receive child support? Alimony? If so, specify amount: _____

Where were you raised? _____

Who were your 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: Y N | Father Y N

Do your parents have significant health problems? _____

How many brothers/sisters do you have? Brother(s) _____ Sister(s) _____

Do you have any siblings with any significant health problems? _____



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Personal Applicant Information

Foster Parent #1 (Continued)

What is your relationship status? Married Single Domestic Partnership Divorced Widowed Other

If "other" please explain: _____

Date of Marriage (if applicable): _____

Do you have any children from a previous relationship? Y N How many?

Do you have any children from your current relationship? Y N How many?

What is the current condition of your health? _____

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 even been arrested? Y N Date and location of arrest: _____

If yes, explanation of arrest: _____

Have you ever been convicted of a crime? Y N Date and location of crime: _____

If yes, explanation of conviction: _____

Has any other member of the household ever been arrested? Y N

If yes, explanation of conviction: _____

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

Describe your cultural perspective concerning Tribal customs and ceremonies? _____



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Personal Applicant

Information

Foster Parent #1 (Continued)

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

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

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

Received By: _____

Date Received: _____



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Personal Applicant Information

Foster Parent #2

Name: _____ Applicant # _____

Date of Birth: _____ Place of Birth: _____

Male: [] Female: [] Height: _____ Weight: _____

Last Grade Completed: (Circle One)

12th Grade | GED | Some College | Associate Degree | Bachelor's Degree | Advanced Degree | Trade School | Vo-Tech

Where are you currently employed? _____

Length of Employment: _____ Full Time: [] Part Time: []

What is your total income per month? _____

Do you pay child support? Alimony? If so, specify amount: _____

Do you receive child support? Alimony? If so, specify amount: _____

Where were you raised? _____

Who were your 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: Y N | Father Y N

Do your parents have significant health problems? _____

How many brothers/sisters do you have? Brother(s) _____ Sister(s) _____

Do you have any siblings with any significant health problems? _____



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Personal Applicant Information

Foster Parent #2 (Continued)

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

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

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

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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 to indicate history of any of the following.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> Recent Major Injury |

Recent Surgery (Specify) _____

Result of treatment for any item(s) checked above: Complete Recovery Partial Recovery Continued Care

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Fainting | <input type="checkbox"/> Blood Pressure |
| <input type="checkbox"/> Orthopedic Handicap | <input type="checkbox"/> Other (Specify) _____ | |

PHYSICAL EXAMINATION:

****Attach Laboratory Reports, as indicated, for tuberculosis, urine, etc.****

- Vision _____
- Hearing _____
- Blood Pressure _____
- Heart _____
- Lungs _____

General Physical Condition: _____

Current Medications: _____

Does patient have any condition that would impair ability to care for children? If Yes. please specify: _____

Over what period of time have you known the patient professionally: _____

Physician: _____ Examination Date: _____

Address: _____



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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 to indicate history of any of the following.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Heart Disease |
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****Attach Laboratory Reports, as indicated, for tuberculosis, urine, etc.****

- | | | |
|----------------|-----------------|------------------------|
| • Vision _____ | • Hearing _____ | • Blood Pressure _____ |
| • Heart _____ | • Lungs _____ | |

General Physical Condition: _____

Current Medications: _____

Does patient have any condition that would impair ability to care for children? If Yes, please specify: _____

Over what period of time have you known the patient professionally: _____

Physician: _____ Examination Date: _____

Address: _____

REQUEST FOR RESULTS
NATIONAL FINGERPRINT BACKGROUND CHECK
FROM THE
DHS-CFSD FINGERPRINT PROCESSING SECTION
PO BOX 268935
OKLAHOMA CITY, OK 73126

Please print clearly providing all information requested. Please sign and date form. Incomplete forms will result in the form and the fingerprint cards being returned.

PART A] Applicant Information:

Phone Number: _____

Full Legal Name		
Last: _____	First: _____	Middle: _____
Other Names Used (alias/maiden): _____		
Date of Birth: _____	City and State of Birth: _____	
Race: _____	Sex: _____	SS#: _____ DL#/State: _____ / _____
Mailing Address: _____		
Marital Status: _____		Spouses Name: _____
Have you even been convicted of a crime? YES _____ NO _____		
If yes, please explain: _____		

PART B] Submitting Authority: Agency or Attorney or Home Study Provider who is handling this application.

Name: <u>Corinna Campbell-Green; Indian Child Welfare Coordinator, Miami Tribe of Oklahoma</u> _____
Address: <u>3410 P St NW, Miami, OK 74354</u> _____
Office Phone: <u>918-325-9078 or 918-541-1381</u> _____

PART C] Applicant Release Signature:

I am requesting a criminal background check and driving record for the purpose of applying to become a foster and/or adoptive parent. Please send a copy of the results of the National Fingerprint Background Check to my address listed in Part A.	
Signature: _____	Date: _____

PLEASE NOTE: Results cannot be sent to the Submitting Authority. Results can only be sent to the applicant. The applicant may then give the results to the Submitting Authority. If the applicant chooses to keep the results private, then the applicant cannot continue in the process to become a foster and/or adopted parent.

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REQUEST FOR RESULTS
NATIONAL FINGERPRINT BACKGROUND CHECK
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Phone Number: _____

Full Legal Name		
Last: _____	First: _____	Middle: _____
Other Names Used (alias/maiden): _____		
Date of Birth: _____	City and State of Birth: _____	
Race: _____	Sex: _____	SS#: _____ DL#/ State: _____ / _____
Mailing Address: _____		
Marital Status: _____		Spouses Name: _____
Have you even been convicted of a crime? YES _____ NO _____		
If yes, please explain: _____		

PART B] Submitting Authority: Agency or Attorney or Home Study Provider who is handling this application.

Name: <u>Corinna Campbell-Green; Indian Child Welfare Coordinator, Miami Tribe of Oklahoma</u> _____
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RELEASE STATEMENT

I, _____, hereby grant full permission without recourse, for the use and release of the supplied information as necessary for the purposes of checking with DHS, Child Welfare Registry, and Criminal Investigation for suitability for adoption or fostering placement of a child/children.

Signature

Date



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RELEASE STATEMENT

I, _____, hereby grant full permission without recourse, for the use and release of the supplied information as necessary for the purposes of checking with CHS, Child Welfare Registry, and Criminal Investigation for suitability for adoption or fostering placement of a child/children.

Signature

Date