

**Shadow Mountain Behavioral Health System
Therapeutic Foster Care**

**Foster Parent Application
How did you hear about our agency?**

Date: _____

MOTHER'S INFORMATION

Name: _____
Last First Middle

Date of Birth: _____ SSN: _____

Religion: _____ Race: _____

Occupation: _____ Tribe: _____

Employer: _____ Roll #: _____

Number of consecutive years living in Oklahoma: _____

FATHER'S INFORMATION

Name: _____
Last First Middle

Date of Birth: _____ SSN: _____

Religion: _____ Race: _____

Occupation: _____ Tribe: _____

Employer: _____ Roll #: _____

Number of consecutive years living in Oklahoma: _____

ADDRESS: _____
Street City/State Zip Code

County: _____ Do you: Own: _____ Rent: _____

Number of years at above address: _____ Number of Rooms: _____ Number of Bedrooms: _____

PHONE: _____ His Work: _____ Her Work: _____

His Cell: _____ Her Cell: _____

Applicants must provide proof of income to verify stability of finances.

Educational History: Check highest grade completed

High School	College	Degree/Trade	Name & Location	Date
MOTHER: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
FATHER: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			

MARRIAGE INFORMATION

*Must attach copies of marriage certificates & divorce decree(s)

Date of Marriage: _____ Number of Previous Marriages: His: _____ Hers: _____

MEDICAL INFORMATION

Is any member of your family under medical treatment? Yes: _____ No: _____

If YES, please explain: _____

List all medications, who takes them, and why: _____

Is any member of your family on disability? Yes: _____ No: _____

If YES, please explain: _____

Does any member of the family have a physical, emotional, mental health problem? Yes: _____ No: _____

If yes, please state who and describe the exact nature of the problem. _____

Has any member ever received psychological, psychiatric or family counseling? Yes: _____ No: _____

If yes, please explain & give name and address of therapist: _____

Does any member of the family have a history of drug or alcohol use? Yes: _____ No: _____

If yes, please explain: _____

*Has any member of your household or family ever been arrested or convicted of a criminal action? Yes: _____ No: _____

Who: _____ Date of Offense: _____ Outcome: _____

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Who: _____ Date of Offense: _____ Outcome: _____

***You may be asked to supply documentation as to the outcome of any identified criminal history.**

Are any members of the household currently on probation? Yes: _____ No: _____

If yes, please explain: _____

PRIOR FOSTER CARE EXPERIENCE AND/OR CHILD CARE INFORMATION

Have you ever made application to care for children for any other agency or individual? Yes: _____ No: _____

Name of Agency: _____ Address: _____ Dates: _____ Status: _____

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Has any member of your household ever been investigated for child abuse, sexual abuse or neglect? Yes _____ No _____

If yes, who and please explain. _____

If yes, who and please explain the circumstances. _____

HOME INFORMATION

Driving directions to your home: _____

Nearest Schools foster children would attend if living in your family:

School District: _____

Grade School: _____

Middle School: _____

High School: _____

RELIGIOUS PREFERENCE

Does your Family attend worship services? Yes: _____ No: _____

If so, how often? _____

Would it be mandatory for children to attend your church? Yes: _____ No: _____

Could you accept a foster child with a religious preference different from yours? Yes: _____ No: _____

Would you see that a child attended the church of his/her choice as often as the child desired? Yes: _____ No: _____

Do you have any specific religious beliefs that might affect a foster child in areas such as dress code, holiday observances, medical care, daily living or social activities? Yes: _____ No: _____

List other members living in household:(including children, relatives, non-relatives)

First	Name Last	Relationship	Date of Birth	Sex	SSN	Employment/ School-Grade

Children out of the home:

Name	Age	Address	Reason out of home

REFERENCES

All Adult Children and Employer information is required. If there are biological children in the home, School is required. Must have minimum of 6 personnel references, **only ONE can be a relative.** Please fill in each blank.

Employer (Mother)

Company _____
Supervisor _____
Address _____
City/St./Zip _____
Phone _____

Employer (Father)

Company _____
Supervisor _____
Address _____
City/St./Zip _____
Phone _____

Non-Relative

Name _____
Address _____
City/State/Zip _____
Phone _____

Non-Relative

Name _____
Address _____
City/State/Zip _____
Phone _____

Non-Relative

Name _____
Address _____
City/State/Zip _____
Phone _____

Non-Relative

Name _____
Address _____
City/State/Zip _____
Phone _____

Non-Relative

Name _____
Address _____
City/State/Zip _____
Phone _____

Non-Relative

Name _____
Address _____
City/State/Zip _____
Phone _____

Adult Child

Name _____
Address _____
City/State/Zip _____
Phone _____

Adult Child

Name _____
Address _____
City/State/Zip _____
Phone _____

Adult Child

Name _____
Address _____
City/State/Zip _____
Phone _____

Adult Child

Name _____
Address _____
City/State/Zip _____
Phone _____

Relative

School

Name _____
Address _____
City/State/Zip _____
Phone _____

School _____
Principal _____
Address _____
City/State/Zip _____
Phone _____

School

School _____
Principal _____
Address _____
City/State/Zip _____
Phone _____

We may contact secondary references based on information received during the homestudy process.

By signing this application, I verify that the information given herein is accurate to the best of my knowledge.

Applicant(s) _____

Applicant(s) _____