



FOREST COUNTY POTAWATOMI

INDIAN CHILD WELFARE DEPT.

5415 Everybody's Rd. • P.O. Box 340 • Crandon, WI 54520 • Phone: (715) 478-4812 • Fax: (715) 478-7442



INDIAN CHILD WELFARE FOSTER HOME/FAMILY PLACEMENT APPLICATION

To be completed by applicant(s) prior to agency home visit. Date completed _____

A. IDENTIFYING DATA:

1. Applicant Name

Last First Middle

Tribal Affiliation: _____ Non-tribal: _____

Spouse Name

Last First Middle

Tribal Affiliation: _____ Non-tribal: _____

2. Current and Previous Residence

1. _____
Box, Street, Route City County State Zip

2. _____
Box, Street, Route City County State Zip

3. _____
Box, Street, Route City County State Zip

Home telephone number: _____

Work telephone number: _____

3. Marriage Information

Date State / City By whom married

B. DESCRIPTION OF APPLICANT(S):

	APPLICANT	SPOUSE
1. Age of applicant / spouse:	_____	_____
2. Date of birth:	_____	_____
3. Place of birth:	_____	_____
4. Nationality background:	_____	_____
5. Citizenship:	_____	_____
6. Physical characteristics		
Eyes:	_____	_____
Hair:	_____	_____
Height:	_____	_____
Weight:	_____	_____
7. Social Security number:	_____	_____

C. CHILDREN:

Name of child	Sex	DOB	Natural/Adopted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. OTHER MEMBERS OF HOUSEHOLD: (Include all living in the home)

Name	DOB	Sex	Employment/ Grade	Relationship to applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E. (optional) CHURCH RELATIONSHIP AND PARTICIPATION

1. We have been members of the _____ church in _____
_____ for approximately _____ years.
2. At the present time we participate in the life of our church in the following ways:
 - Attend worship regularly _____
 - Attend extra activities _____
 - Attend a church school class _____
 - Teach a Sunday school class _____
 - Sing in the choir _____

Active member of women's or men's organization _____
 Help with volunteer services _____
 Member of the Supervisory Body of the church _____
 Other ways: _____

F. PREVIOUS MARRIAGES:

	APPLICANT	SPOUSE
1. Have you been previously married?	_____	_____
2. If so, how many times?	_____	_____
a. To whom?	_____	_____
b. Date and place?	_____	_____
c. How terminated?	_____	_____
3. Any children by previous marriages?	_____	_____
a. List names and birth dates:	_____	_____
	_____	_____
b. In whose custody?	_____	_____

G. EDUCATION:

	APPLICANT	SPOUSE
1. Highest grade completed:	_____	_____
2. Degrees completed, school and year:	_____	_____
	_____	_____
3. Any specialized training?	_____	_____
	_____	_____
4. What are your educational expectations for a child?	_____	_____
	_____	_____

H. EMPLOYMENT:

Applicant – List your employment for the last five (5) years.

Occupation	Employer	Dates	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you consider present employment to be permanent? _____

If not, what are your plans? _____

Spouse – List your employment for the last five (5) years.

Occupation	Employer	Dates	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you consider present employment to be permanent? _____

If not, what are your plans? _____

I. MILITARY HISTORY:

	APPLICANT	SPOUSE
1. Branch of service and rank:	_____	_____
2. Date entered service:	_____	_____
3. Date and type of discharge:	_____	_____
4. Any injuries in service?	_____	_____

J. ARREST RECORDS:

Have you ever been convicted of a misdemeanor or felony?

Applicant: ___ Yes ___ No Spouse: ___ Yes ___ No

If yes, please explain (including dates, places, and court):

Applicant: _____

Spouse: _____

K. DESCRIPTION OF HOME:

1. Do you live in a: ___ City ___ Town ___ Rural
2. Do you live in a: ___ House ___ Apartment ___ Mobile home
3. Number of bedrooms: ___ Number of bathrooms: ___
4. Is the home owned? ___ Amount of mortgage \$: _____
5. Is the home rented? ___ Monthly rental \$: _____
6. How long have you lived at your current address? _____

SKETCH OF THE FLOOR PLAN OF YOUR HOME:

L. INSURANCE:

Please list the types of insurance you have: _____

M. HEALTH:

1. Describe any handicaps, serious illness or operations during the past ten (10) years, giving approximate dates and degree of recovery.

Applicant: _____

Spouse: _____

2. What is your health condition now?

Applicant: _____

Spouse: _____

3. Has either applicant or spouse ever received treatment for a nervous or mental disorder?

Applicant: ___ Yes ___ No Spouse: ___ Yes ___ No

If answer is Yes for either applicant or spouse, please furnish the name/address of the doctor who provided treatment. _____

N. INTERESTS AND ACTIVITIES:

1. To what social, fraternal or civic organizations do you belong?

Applicant: _____

Spouse: _____

2. What are your leisure time activities or hobbies?

Applicant: _____

Spouse: _____

3. Are firearms kept in this home? _____

If so, are they kept in a secure, locked location? _____

Where? _____

O. FAMILY BACKGROUND:

APPLICANT:

- 1. Number of brothers _____ Number of sisters _____
- 2. Father's name and age: _____
Present address: _____
- 3. Mother's name and age: _____
Present address: _____

SPOUSE:

- 1. Number of brothers _____ Number of sisters _____
- 2. Father's name and age: _____
Present address: _____
- 3. Mother's name and age: _____
Present address: _____

P. REFERENCES:

Please give the names and addresses of four (4) references not related to you:

- 1. Name _____
Address _____
Phone _____
- 2. Name _____
Address _____
Phone _____
- 3. Name _____
Address _____
Phone _____
- 4. Name _____
Address _____
Phone _____

TYPE OF CHILD AND PROBLEMS ACCEPTED

Applicant's name: _____

Spouse's name: _____

This application is for: ____ Foster Care ____ Adoption

PLEASE CHECK ALL THAT APPLY:

Desired sex of child: MALE FEMALE EITHER

Age of youngest child that would be accepted: _____

Age of oldest child that would be accepted: _____

Bi-racial child | | yes | | no

Special needs | | yes | | no

Physical handicap | | yes | | no
correctable

Physical handicap | | yes | | no
non-correctable

Behavioral problems | | yes | | no

Emotional problems | | yes | | no

Fetal Alcohol syndrome | | yes | | no

Fetal Alcohol affect | | yes | | no

Developmental delay | | yes | | no

Different religion | | yes | | no

Answer on the back of this form the type of child(ren) you feel would best fit into your home (include number of child(ren), sex, age, and any special problems you feel your family would work well with.)

REQUEST FOR BACKGROUND CHECK

Date: _____

Name: _____

Other names used: _____

DOB: _____ Sex: _____

Social Security Number: _____

Driver's License Number & State issuing license: _____

Service requested: Foster Care License Adoption Home Study Placement Home Study
(circle one)

RELEASE STATEMENT

I, _____, hereby grant full permission without recourse, for the use and release of information as necessary for the purposes of completing a background check.

Signature

OFFICE USE ONLY

ICW Worker Assigned to Home Study _____
Date Completed _____