**yurok tribe**

190 Klamath Boulevard • Post Office Box 1027 • Klamath, CA 95548

Phone: (707) 482-1350 • Fax: (707) 482-1377

1. **IDENTIFYING INFORMATION**

|  |
| --- |
| **Application for YHHS/ICWA/TCA****Yurok Foster Care/Guardianship/TCA** |
| **Applicant 1 Information** |
| LAST NAME FIRST NAME MIDDLE NAME | DATE OF BIRTH | GENDER | SOCIAL SECURITY NUMBER |
| DRIVERS LICENSE NO. | ETHNICITY | HISPANIC/LATINO ORIGIN**□** YES **□** NO**□** UNKNOWN | LEVEL OF EDUCATION | MARITAL STATUS: **□** WIDOWED **□** DIVORCED **□** LEGALLY SEPERATED**□** MARRIED **□** NEVER MARRIED |
| OCCUPATION | EMPLOYEE NAME AND ADDRESS: | PRIMARY INCOME: **□**SUPPORT PAYMENTS **□** OTHER­­­ **□** EARNINGS **□** MILITARY **□** SSI **□** SOCIAL SECURITY **□** MULTIPLE SOURCES  **□**PUBLIC ASSISTANCE  |
| WORK TELEPHONE( ) | HOME/CELL PHONE NUMBER( ) | ANNUAL INCOME:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please list your job experience for the past ten years. Start with your most recent employment.** |
| **PERIOD OF EMPLOYMENT****FROM: TO:** | **JOB TITLE** | **REASON FOR LEAVING** |
| **/ / / /** |  |  |
| **/ / / /** |  |  |
| **/ / / /** |  |  |
| **/ / / /** |  |  |
| **/ / / /** |  |  |
| **CO-APPLICANT INFORMATION** |
| LAST NAME FIRST NAME MIDDLE NAME | DATE OF BIRTH | GENDER | SOCIAL SECURITY NUMBER |
| DRIVERS LICENSE NO. | ETHNICITY | HISPANIC/LATINO ORIGIN **□** YES **□** NO**□** UNKNOWN | LEVEL OF EDUCATION | MARITAL STATUS: **□** WIDOWED **□** DIVORCED **□** LEGALLY SEPERATED**□** MARRIED **□** NEVER MARRIED |
| OCCUPATION | EMPLOYEE NAME AND ADDRESS | PRIMARY INCOME: **□**SUPPORT PAYMENTS **□** OTHER­­­**□** EARNINGS **□** MILITARY **□** SSI **□** SOCIAL SECURITY **□** MULTIPLE SOURCES  **□**PUBLIC ASSISTANCE  |
| WORK TELEPHONE( ) | HOME/CELL PHONE( ) | ANNUAL INCOME$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please list your job experience for the last ten years. Start with your most recent employment.** |
| **PERIOD OF EMPLOYMENT****FROM: TO:** | **JOB TITLE** | **REASON FOR LEAVING** |
|  **/ / / /** |  |  |
| **/ / / /** |  |  |
| **/ / / /** |  |  |
| **/ / / /** |  |  |
| **Both applicants marriage history** |
| DATE OF CURRENT MARRIAGE: | PLACE OF MARRIAGE (CITY AND STATE) | COUNTY: |
| FORMER MARRIAGES | NAMES OF FORMER SPOUSES | MARRIAGEDATE AND PLACE | DIVORCEDATE AND PLACE | DEATHDATE AND PLACE |
| APPLICANT ONE |  |  |  |  |
| APPLICANT TWO |  |  |  |  |

1. **CRIMINAL HISTORY and DRUG TESTING**
2. Have you ever been arrested for an offense other than a minor traffic infraction?

**APPLICANT 1**  □ YES □ NO **APPLICANT 2** □ YES □ NO

1. Have you ever been reported to Children’s Protective Services or Law Enforcement for alleged child abuse, neglect or abandonment?

**APPLICANT 1** □ YES □ NO **APPLICANT 2** □ YES □ NO

1. Are you and the members of your household aged 18 and older willing to submit to necessary criminal background checks.

□ YES □ NO

1. Are you and the members of your household aged 18 and older willing to submit to required drug testing.

□ YES □ NO

1. **PARENT/CHILD RELATIONSHIPS**

MINOR CHILDREN OF APPLICANT(S)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| FULL NAME | DATE OF BIRTH | GENDERM/F | RELATIONSHIP | LIVESINHOME?Y/N | DO YOU FINACIALLYSUPPORT THIS CHILD? | ADDRESS |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

ADULT CHILDREN OF APPLICANT (S)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| FULL NAME | DATE OF BIRTH | GENDERM/F | RELATIONSHIP | LIVESINHOME?Y/N | DO YOU FINACIALLYSUPPORT THIS CHILD? | ADDRESS |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. **OTHER PERSON’S IN THE HOME**

|  |  |  |
| --- | --- | --- |
| FULL NAME | DATE OF BIRTH | RELATIONSHIP TO CLIENT |
|  |  |  |
|  |  |  |

1. **REFERENCES**

Please list the names and addresses of four individuals, at least two must be unrelated to you, who have knowledge of your home, environment, lifestyle and capability to be an adoptive parent.

|  |  |  |
| --- | --- | --- |
| **NAME** | **TELEPHONE NUMBER** | **MAILING ADDRESS** |
|  |  |  |
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1. **CHILD DESIRED**
2. Please describe the characteristics, such as age and gender.

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1. Would you accept sibling groups?

□ YES □ NO If so how many? ­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you already have identified a child or children for adoption please provide the following information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name of Child** | **Date of****Birth** | **County of Dependency** | **Name of child’s worker** | **Telephone number** | **Relationship to Child** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Is the child or children already in your home? □ YES □ NO If YES, how long? \_\_\_\_\_\_

I/we affirm that the information provided on this form is true and correct to the best of my knowledge.

In signing this application, I/we understand that the completion of routine forms will be required of my/our references, physician, and employer and that my/our financial and marital status will be verified and a criminal background check will be conducted.

|  |  |
| --- | --- |
| **SIGNATURE OF APPLICANT ONE** | **DATE** |
| **SIGNATURE OF APPLICANT TWO** | **DATE** |