



YUROK TRIBE

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

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

I. 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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	LEVEL OF EDUCATION	MARITAL STATUS: <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPERATED <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED	
OCCUPATION	EMPLOYEE NAME AND ADDRESS:		PRIMARY INCOME: <input type="checkbox"/> SUPPORT PAYMENTS <input type="checkbox"/> OTHER <input type="checkbox"/> EARNINGS <input type="checkbox"/> MILITARY <input type="checkbox"/> SSI <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> MULTIPLE SOURCES <input type="checkbox"/> 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		JOB TITLE	REASON FOR LEAVING		
FROM:	TO:				
/ /	/ /				
/ /	/ /				
/ /	/ /				
/ /	/ /				
/ /	/ /				
CO-APPLICANT INFORMATION					
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER
DRIVERS LICENSE NO.	ETHNICITY	HISPANIC/LATINO ORIGIN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	LEVEL OF EDUCATION	MARITAL STATUS: <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPERATED <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED	
OCCUPATION	EMPLOYEE NAME AND ADDRESS		PRIMARY INCOME: <input type="checkbox"/> SUPPORT PAYMENTS <input type="checkbox"/> OTHER <input type="checkbox"/> EARNINGS <input type="checkbox"/> MILITARY <input type="checkbox"/> SSI <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> MULTIPLE SOURCES <input type="checkbox"/> 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	MARRIAGE DATE AND PLACE	DIVORCE DATE AND PLACE	DEATH DATE AND PLACE
APPLICANT ONE				
APPLICANT TWO				

II. CRIMINAL HISTORY and DRUG TESTING

A. Have you ever been arrested for an offense other than a minor traffic infraction?

APPLICANT 1 YES NO

APPLICANT 2 YES NO

B. 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

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

YES NO

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

YES NO

III. PARENT/CHILD RELATIONSHIPS

MINOR CHILDREN OF APPLICANT(S)

FULL NAME	DATE OF BIRTH	GENDER M/F	RELATIONSHIP	LIVES IN HOME? Y/N	DO YOU FINACIALLY SUPPORT THIS CHILD?	ADDRESS

ADULT CHILDREN OF APPLICANT (S)

FULL NAME	DATE OF BIRTH	GENDER M/F	RELATIONSHIP	LIVES IN HOME? Y/N	DO YOU FINACIALLY SUPPORT THIS CHILD?	ADDRESS

IV. OTHER PERSON'S IN THE HOME

FULL NAME	DATE OF BIRTH	RELATIONSHIP TO CLIENT

V. 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

VI. CHILD DESIRED

A. Please describe the characteristics, such as age and gender.

B. Would you accept sibling groups?

YES NO If so how many? _____

C. 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

D. 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