



FOREST COUNTY POTAWATOMI

# INDIAN CHILD WELFARE DEPT.

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## 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):**

	<b>APPLICANT</b>	<b>SPOUSE</b>
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:**

	<b>APPLICANT</b>	<b>SPOUSE</b>
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:**

	<b>APPLICANT</b>	<b>SPOUSE</b>
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 \_\_\_\_\_





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)

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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 \_\_\_\_\_