# Wesleyan Youth, Inc.

## FOSTER CARE AGENCY

Dear Applicant,

We are excited that you have contacted us for information on becoming a foster parent. I have included an application and background authorization with DPS. On the DPS form, all you have to fill out is the highlighted area.

On the application and background paperwork, it is very important for you to fill out all names used (maiden,married) including nicknames and every state that you have lived in during the last 5 years. If something doesn't apply, please enter N/A.

If you have any questions about the forms, feel free to give me a call.

Thank You,

Letta Guyer,
Assistant Director
Wesleyan Youth, Inc.
341 E. Choctaw Ave.
McAlester, OK 74501
918-329-6760
Fax (918) 689-3560
Letta@wesleyanfostercare.com

Wesleyan Youth, Inc.

FOSTER CARE AGENCY

# Application Packet

**918-329-6760**

**www.wesleyanfostercare.com**

# Wesleyan Youth Foster Care Agency

## Our Company

Wesleyan Youth, Inc. is a nonprofit foster care agency that has provided quality childcare to children in State care for more than 50 years. Foster Care Programs are an extension of the agencies overall program to provide services that meet the needs of children and families statewide. Our mission is to provide a safe, nurturing environment for the children and youth in Oklahoma entrusted to our care. To build self-esteem, assist with education, improve the quality of life for foster children placed in our care.

## We Believe

•The well-being of all children is vital to us, their families, the child, and our community.

•All families deserve our best efforts to partner with them and to treat them with respect and honesty.

•We have an ongoing responsibility to increase our knowledge and improve our services by learning all we can about the diversity of our families and community.

•We have a duty to remain objective and consistent in all our interactions with families and children

•We must be creative and innovative in the delivery of services so, as to heighten the effectiveness of our work with family.

•Seek permanent homes for all children who cannot safely return to their parent or guardian.

•Remain mission-focused in our everyday work.

•Recruit and maintain diverse staff committed to serving all children and families.

# Application Process

Attached are the forms to get you started on your foster care journey:

Application to foster – I have included the application. If for some reason you cannot fit all of your information on it, please use a sheet of paper to add additional people in your home or for other children not living with you. Please include 6 references. Disregard the "attachments" page. We will get these items during certification.

OKDHS Background: Request for Background checks- You will complete form with all alias and needed information. On the blank that says nicknames, fill out with nicknames or put none. Make sure to check N/A if it doesn't apply to you. It is important that you leave nothing blank.

OK Department of Public Safety Release: You will complete the highlighted areas only. No need to submit any payment. There is no fee.

Once you've completed these forms, you can email them back to Letta@wesleyanfostercare.com OR mail to:

341 E. Choctaw Ave.

McAlester, Ok 74501.

Please call with any questions!

Letta Guyer: 918-329-6760

# Certification Process

1. Return the completed application paperwork. This allows us to do background and reference checks.

2. Orientation & House Assessment: A worker will complete Orientation and house assessment of your home and help you identify any changes that may be needed to meet the certification requirements.

3. Fingerprints: You will be scheduled to have fingerprints run on each adult living in your home These are done through Live Scan electronic fingerprinting. Sheet with directions on setting up fingerprints will be given to you during orientation

4.Training: You will complete 27 hours of online Guiding Principles training and Prudent Parent training.

5. Home Study: A worker will meet with you to gather information and learn about you and your family. This information will be compiled in a home study which you will review and approve.

6. Documentation: You will need to submit documentation to verify and support the home study information. This includes copies of your driver's license, social security card, marriage and divorce certificates, medical and health assessments, and financial information such as pay stubs or tax forms.

7. Sign Contracts: You will sign contracts and agreements with OKDHS. Once you sign contract, you will be available for placement.

OKLAHOMA Human Services

**Resource Family Application**

## General Information

Family name

Physical address | City | State | ZIP code

Mailing address | City | State | ZIP code

Finding directions to home:

Home: ☐ Rent ☐ Own Square footage: _____ Number of bedrooms: _____

## Resource Applicant Information

For **each adult applicant**, provide the following information.

### Resource Applicant 1 Information

First name | Middle name | Last name

Other names used including maiden name, any other name by which you are or have been known, or aliases, when applicable ☐ N/A

Date of birth | Social Security number | Gender

Are you a U.S. citizen? ☐ Yes ☐ No

Race - list all that apply

Tribe, if applicable ☐ N/A

Hispanic or Latino origin? ☐ Yes ☐ No

Work phone | Cell phone | Home phone

Email address

List each state you have lived in within the last five years ☐ N/A

Select one: ☐ Single ☐ Unmarried couple ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Number of previous marriages: _____

Highest grade completed: _____ Advanced degree? ☐ Yes ☐ No

Have you served or are you currently serving in the armed forces? ☐ Yes ☐ No

If Yes: _____ _____

Branch of service | Service dates

## Resource Applicant 1 Employment

Are you employed? ☐ Yes ☐ No

### Employed (Non Self-Employment)

Source of income: _____ Total approximate monthly take-home pay: _____

_____ _____

Employer name | Job title

_____ _____

Supervisor's name | Supervisor's phone number

_____

Supervisor's email address

Are you self-employed? ☐ Yes ☐ No

### Self-Employment

Total approximate monthly take-home pay: _____

List a client or co-worker that can be contacted, include phone number and email address:

### Unemployed

Source of income _____

Take-home _____

### Resource Applicant 1 Additional Information

Have you ever applied to foster, adopt, or provide in home daycare in any state? ☐ Yes ☐ No

Have you:

- been arrested or had criminal charges filed? ☐ Yes ☐ No

If yes, explain:

- entered a plea of guilty or nolo contendere to a crime? ☐ Yes ☐ No

  If yes, explain:

- been investigated for child physical abuse, sexual abuse, or neglect? ☐ Yes ☐ No

  If yes, explain:

- filed or been party to a protective order? ☐ Yes ☐ No

  If yes, explain:

- been made aware of any abuse or neglect allegations made against you? ☐ Yes ☐ No

  If yes, explain:

## Resource Applicant 2 Information

First name | Middle name | Last name

Other names used including maiden name, any other name by which you are or have been known, or aliases, when applicable ☐ N/A

Date of birth | Social Security number | Gender

Are you a U.S. citizen? ☐ Yes ☐ No

Race - list all that apply

Tribe, if applicable ☐ N/A

Hispanic or Latino origin? ☐ Yes ☐ No

Work phone | Cell phone | Home phone

Email address

List each state you have lived in within the last five years ☐ N/A

Select one: ☐ Single ☐ Unmarried couple ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Number of previous marriages: _____

Highest grade completed: _____ Advanced degree? ☐ Yes ☐ No

Have you served or are you currently serving in the armed forces? ☐ Yes ☐ No

If Yes:

Branch of service _____ Service dates _____

## Resource Applicant 2 Employment

Are you employed? ☐ Yes ☐ No

### Employed (Non Self-Employment)

Source of income: _____ Total approximate monthly take-home pay: _____

Employer name _____ Job title _____

Supervisor's name _____ Supervisor's phone number _____

Supervisor's email address _____

Are you self-employed? ☐ Yes ☐ No

### Self-Employment

Total approximate monthly take-home pay: _____

List a client or co-worker that can be contacted, include phone number and email address:

### Unemployed

Source of income _____

Take-home _____

### Resource Applicant 2 Additional Information

Have you ever applied to foster, adopt, or provide in home daycare in any state? ☐ Yes ☐ No

Have you:

- been arrested or had criminal charges filed? ☐ Yes ☐ No

  If yes, explain:

- entered a plea of guilty or nolo contendere to a crime? ☐ Yes ☐ No

If yes, explain:

- been investigated for child physical abuse, sexual abuse, or neglect? ☐ Yes ☐ No

  If yes, explain:

- filed or been party to a protective order? ☐ Yes ☐ No

  If yes, explain:

- been made aware of any abuse or neglect allegations made against you? ☐ Yes ☐ No

  If yes, explain:

## Other Household Members ☐ N/A

**All other persons residing in the home must be listed including children, relatives, and non-relatives.** Add additional sheets as necessary. For each school-age child, list a contact person and contact information at the child's school, such as the principal, counselor, or teacher. A reference is obtained on each school-aged child.

### Household Member 1 Information

First name | Middle name | Last name | Date of birth

Gender | Social Security number | Relationship to applicant

Is the household member currently enrolled in K-12 school? ☐ Yes ☐ No

or home-schooled? ☐ Yes ☐ No

School name

School official to contact

Phone number | Email address

### Household Member 2 Information

First name | Middle name | Last name | Date of birth

Gender | Social Security number | Relationship to applicant

Is the household member currently enrolled in K-12 school? ☐ Yes ☐ No

or home-schooled? ☐ Yes ☐ No

School name

School official to contact

Phone number | Email address

**Household Member 3 Information**

First name | Middle name | Last name | Date of birth

Gender | Social Security number | Relationship to applicant

Is the household member currently enrolled in K-12 school? ☐ Yes ☐ No

or home-schooled? ☐ Yes ☐ No

School name

School official to contact

Phone number | Email address

**Household Member 4 Information**

First name | Middle name | Last name | Date of birth

Gender | Social Security number | Relationship to applicant

Is the household member currently enrolled in K-12 school? ☐ Yes ☐ No

or home-schooled? ☐ Yes ☐ No

School name

School official to contact

Phone number | Email address

## Household Member 5 Information

First name | Middle name | Last name | Date of birth

Gender | Social Security number | Relationship to applicant

Is the household member currently enrolled in K-12 school? ☐ Yes ☐ No

School name or home-schooled? ☐ Yes ☐ No

School official to contact

Phone number | Email address

## Household Member 6 Information

First name | Middle name | Last name | Date of birth

Gender | Social Security number | Relationship to applicant

Is the household member currently enrolled in K-12 school? ☐ Yes ☐ No

School name or home-schooled? ☐ Yes ☐ No

School official to contact

Phone number | Email address

## Household Member 7 Information

First name | Middle name | Last name | Date of birth

Gender | Social Security number | Relationship to applicant

Is the household member currently enrolled in K-12 school? ☐ Yes ☐ No

School name or home-schooled? ☐ Yes ☐ No

School official to contact

Phone number | Email address

## Applicant's Child(ren) Under 18 Years of Age Not Living in the Home ☐ N/A

List each applicant's child(ren) under 18 years of age not living in the home and explain why he or she does not reside in the home.

### Child 1 Information

First name | Middle name | Last name | Date of birth

Reason the child is out of home:

### Child 2 Information

First name | Middle name | Last name | Date of birth

Reason the child is out of home:

### Child 3 Information

First name | Middle name | Last name | Date of birth

Reason the child is out of home:

## References

As part of the applicant assessment, references are requested including employers, adult children, behavioral health professionals, and other individuals with personal knowledge of the applicant and the applicant's family.

### Personal

Applicants must provide the name and contact information for four personal references, **only ONE of whom can be a family member.** Persons listed as personal references should not be an adult child or employer.

First name | Last name | Phone number

Relationship

First name | Last name | Phone number

Relationship

First name | Last name | Phone number

Relationship

First name | Last name | Phone number

Relationship

## Counseling or Inpatient Treatment

☐ N/A

If any applicant or child in the home participates or has participated in any type of counseling, therapy, or inpatient treatment, provide the following information. If more than one provider was seen within the last 10 years by the applicant or child, list each provider separately. Add additional pages if needed.

### Household Member

Name | Dates of treatment

Provider name

Address | City | State | Zip code

Phone number | Email

### Household Member

Name | Dates of treatment

Provider name

Address | City | State | Zip code

Phone number | Email

### Household Member

Name

Dates of treatment

Provider name

Address

City

State

Zip code

Phone number

Email

## Adult Child(ren) ☐ N/A

### Adult Child 1 Information

First name

M.I.

Last name

Phone number

Email

Address

City

State

ZIP code

What is the relationship to the adult child?

☐ Biological ☐ Adopted ☐ Step ☐ Legal ☐ Other

Do you have contact with this adult child? ☐ Yes ☐ No

Please explain:

### Adult Child 2 Information

First name

M.I.

Last name

Phone number

Email

Address

City

State

ZIP code

What is the relationship to the adult child?

☐ Biological ☐ Adopted ☐ Step ☐ Legal ☐ Other

Do you have contact with this adult child? ☐ Yes ☐ No

Please explain:

## Adult Child 3 Information

First name _____ M.I. _____ Last name _____

Phone number _____ Email _____

Address _____ City _____ State _____ ZIP code _____

What is the relationship to the adult child?

☐ Biological ☐ Adopted ☐ Step ☐ Legal ☐ Other

Do you have contact with this adult child? ☐ Yes ☐ No

Please explain:

## Signature and Agreement

I, the undersigned, have provided accurate information and authorize OKDHS to use this information, including the national criminal background investigation, all applicable out-of-state child abuse and neglect registry checks, an Oklahoma Child Abuse and Neglect Information Systems check, a Community Services Worker Registry check, and all accompanying records, in completing an assessment of the application. I further authorize OKDHS to conduct a Juvenile Justice Information System review for children 13 years of age and older, contact references, and contact me by email. **I understand that failure of all household members 18 years of age and older to sign this form will result in denial or withdrawal of the application.**

**By signing this application, I agree to complete these activities and provide these documents or information within 20-calendar days of my signature date.**

### Unsworn Declaration Under Penalty of Perjury

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct to the best of my information and belief.

Subscribed on this _____ day of _____ , 20 ___ at (city) _____ ,

(state) _____ .

Applicant signature _____ Date _____ Applicant signature _____ Date _____

Adult household member signature _____ Date _____ Adult household member signature _____ Date _____

## Notice

OKDHS has assured compliance with United States Department of Health and Human Services (DHHS) Regulations, Title 45, Code of Federal Regulations, Part 80, that implements Public Law 88-352, Civil Rights Act of 1964, Section 601, Part 84, that implements Public Law 93-112, Rehabilitation Act of 1973, Section 504, and Part 90, that implements Public Law 94-135, Age Discrimination Act of 1975, Section 301. These laws and regulations prohibit excluding participation in, denying the benefits of, or subjecting to discrimination under any program or activity receiving federal financial assistance, any person on the grounds of race, color, or national origin or any qualified person on the basis of handicap or, unless program-enabling legislation permits, on the basis of age. Under these requirements, payment cannot be made to vendors providing care, services, or both under federally-assisted programs conducted by OKDHS unless such care, service, or both is provided without discrimination on the grounds of race, color, national origin, or handicap or without distinction on the basis of age, except as legislatively permitted or required. Written complaints of noncompliance with any of these laws should be made to the OKDHS Director, PO Box 25352, Oklahoma City, Oklahoma 73125, Secretary of Health and Human Services, Washington D.C., or both.

## Agency Use Only

Check each type of resource assessment requested:

☐ Foster home ☐ Kinship foster home ☐ Adoptive home ☐ Both adoptive and foster home

Check which type of resource home for which the applicant is applying.

☐ DHS home ☐ Supported agency home ☐ Therapeutic home ☐ Intensive Treatment Family Care

**Applications cannot be processed until all documentation is received**

☐ Agency received documentation from applicant on: _____

## Required Forms and Verification Documents

Below is a list of forms and verification documents that applicants are required to provide to the agency within 20 calendar days.

- ☐ Form 04AF008E, Medical Examination Report, for each adult household member 18 years of age or older. Appointment date(s) _____
- ☐ Form 04AF010E, Resource Family Financial Assessment.
- ☐ Form 04AF017E, Resource Parent Health History, for each adult household member 18 years of age or older.
- ☐ Form 04AF039E, Child(ren)'s Health Statement, from the physician for each child in the household, not in OKDHS custody, when applicable.
  Appointment date(s) _____
- ☐ Form 04MP042E, Application for Child Welfare Services Child Care Benefits, when applicable.
- ☐ Form 04AF043E, Resource Family Application Other Adults in the Home, when applicable.
- ☐ Copy of all divorce decrees for each applicant, when applicable.
- ☐ Copy of automobile insurance verification for each applicant, when applicable.
- ☐ Copy of Certificate of Degree of Indian Blood (CDIB) card and/or tribal membership card for each applicant, when applicable.
- ☐ Copy of current marriage license, when applicable.
- ☐ Copy of DD Form 214, Certificate of Release from Active Military Duty, for each applicant, when applicable.
- ☐ Copy of driver license or state issued ID for each applicant.
- ☐ Copy of immunization record for each child in household who is not in OKDHS custody, when applicable.
- ☐ Copy of paycheck stub(s) or income verification for each applicant.
- ☐ Copy of pet vaccination record(s), when applicable.
- ☐ Copy of Social Security card for each applicant.
- ☐ Submit fingerprints for each adult household member 18 years of age or older.
- ☐ Verification of lawful residence when not born in the United States, when applicable.
- ☐ Other, specify: _____

OKLAHOMA Human Services

**Request for Background Check**

## Applicant Information

To prevent processing delays, complete ALL fields in this section.

First name | Middle Name ☐ N/A | Last name

Aliases, including maiden name or any other name used prior to a legal name change:

☐ N/A (check box if this section does not apply to the applicant)

**Please include first name, middle name, and last name for all aliases listed.**

| First name | Middle name | Last name |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Nickname(s)

Date of birth ☐ Male ☐ Female Height Weight

City and state of birth Social Security number

Hair color Eye color Driver license (DL) number State DL issued

Mailing address City State ZIP code

Phone number Fax number Email

## Previous Five Years Residency

List all states, other than Oklahoma, you have lived in during the past five (5) years.

☐ N/A (check box if this section does not apply to the applicant)

| State | Start date | End date |
|---|---|---|
| | | |
| | | |
| | | |

List all countries, other than the United States of America, you have lived in during the past five (5) years.

☐ N/A (check box if this section does not apply to the applicant)

| Country | Start date | End date |
|---|---|---|
| | | |
| | | |
| | | |

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, explain:

## Consent and Signature

☐ I understand Oklahoma Human Services (OKDHS) will evaluate the results of the state background checks and/or national fingerprint-based background check as part of a comprehensive review.

☐ I understand OKDHS will evaluate child abuse and neglect history for Oklahoma and all other states as required and when available as part of a comprehensive review.

☐ I understand registration on the Restricted Registry may occur when there is a confirmed or substantiated finding of abuse or neglect against a child in care.

☐ The Oklahoma State Bureau of Investigation (OSBI) will retain my fingerprints in the Automated Fingerprint Identification System and will notify the OKDHS Office of Background Investigations (OBI) of any future Oklahoma criminal arrests through the Records of Arrest and Prosecution (RAP) Back service.

☐ I understand my fingerprints will be used to check the Federal Bureau of Investigation's (FBI's) criminal history records. The FBI will retain my fingerprints and associated information/ biometrics, and while retained, my fingerprints will continue to be compared against submitted to or retained by the FBI, and the FBI will notify the Office of Background Investigations (OBI) of any future National criminal arrests through the Records of Arrest and Prosecution (RAP) Back Service.

☐ I understand I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Section 16.34 of Title 28, United States Code of Federal Regulations. Additional information: https://www.fbi.gov/about-us/cjis/background-checks

☐ I have received and reviewed the privacy policy. View the privacy policy online at: https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

I certify that all personal identifying information provided on this form is true and correct. I understand the purpose of this form and background check and grant permission, without recourse, for the use and release of information as necessary for the purpose of an Oklahoma name-based and/or a national fingerprint criminal background check and driving record. This information cannot be released for any other purpose without my written permission.

Signature _____ Date _____

## Background Check Purpose

This section is completed by the OKDHS representative or requesting authority. Select the appropriate Request Category section then the Type and Reason for that category.

### Request Category: Child Welfare Name Based

☐ Child Welfare Name Based

- ☐ Adoption
  - ☐ Indian Child Welfare (ICW) or tribal adoption
  - ☐ OKDHS adoption
- ☐ Erica's Rule
  - ☐ Erica's rule
- ☐ Foster Care
  - ☐ Contracted resource family partnership (RFP) agency
  - ☐ Kinship - non-relative
  - ☐ Kinship - relative
  - ☐ Therapeutic foster care (TFC)
  - ☐ Traditional foster care
- ☐ Guardianship
  - ☐ ICW or tribal guardianship
  - ☐ OKDHS guardianship

- ☐ Immediate Protective Action Plan (IPAP)
  - ☐ Immediate Protective Action Plan (IPAP)
- ☐ Indian Child Welfare (ICW) or tribal foster care
  - ☐ Indian Child Welfare (ICW) or tribal foster care
- ☐ Re-issue child welfare name based result within last 30 calendar days
  - ☐ Re-issue previous results only
- ☐ Safety Plan Monitor
  - ☐ Safety Plan Monitor
- ☐ OKDHS trial reunification
  - ☐ OKDHS trial Reunification
- ☐ Volunteer
  - ☐ Volunteer

**Request Category: Child Welfare Fingerprint Based**

☐ Child Welfare Fingerprint Based

- ☐ Adoption
  - ☐ Indian Child Welfare (ICW) or tribal adoption
  - ☐ OKDHS adoption
- ☐ Foster Care
  - ☐ Contracted resource family partnership (RFP) agency
  - ☐ Developmental Disability Services (DDS) specialized foster care
  - ☐ Emergency after hours placement-follow up (Purpose Code X)
  - ☐ Indian Child Welfare (ICW) or tribal foster care
  - ☐ OKDHS foster care
  - ☐ Therapeutic foster care (TFC)
- ☐ Guardianship
  - ☐ Indian Child Welfare (ICW) or tribal guardianship
  - ☐ OKDHS guardianship
- ☐ Host Homes
  - ☐ Host homes
- ☐ Immediate Protective Action Plan (IPAP) or Safety Plan
  - ☐ Immediate Protective Action Plan (IPAP) or Safety Plan
- ☐ Re-issue child welfare fingerprint result within last five years
  - ☐ Re-issue previous results only
- ☐ Trial reunification
  - ☐ Trial Reunification

## Request Category: Private Child Welfare

- ☐ Private Child Welfare
  - ☐ Private Adoption
    - ☐ Private adoption - name based
    - ☐ Private domestic adoption - fingerprint based
    - ☐ Private guardianship - name based
    - ☐ Private international adoption - name based

If requesting a national fingerprint background check, you must be fingerprinted prior to completing this form. If you have not been fingerprinted, a complete national fingerprint-based background check cannot be conducted.

_____
UE ID#

Questions?
Contact the Office of Background Investigations
1-800-347-2276
OBICW@okdhs.org

## OKDHS Representative or Requesting Authority

| Casey Dowling | CWS IV, RFP Liaison WYI |
|---|---|
| Name | Title |

| 1200 W ROCK Rd | Norman | OK | 73069 |
|---|---|---|---|
| Mailing address | City | State | ZIP code |

| (405) 613-8983 | | caseydowling@okdhs.org |
|---|---|---|
| Phone number | Fax number | Email |

**Stop!** This form **must** be signed by the subject of the background check.

Note: This form and the information contained within including, but not limited to, obtaining accurate information and signatures, are the responsibility of the person submitting this request. Paper copies must be kept on file for a minimum of five (5) years and are subject to audit by OKDHS OBI, OSBI, and the FBI.

## Routing

Send completed request by mail to:
OKDHS Office of Background Investigations
PO Box 268935
Oklahoma City, OK 73126

Or scan and send completed request by email to:
OBICW@okdhs.org

Or by fax to:
405-702-5053

SERVICE OKLAHOMA

# MOTOR VEHICLE REQUEST FOR RECORDS

| **SECTION 1 – Information Requested** | Fee: (Per Record) |
|---|---|
| **Oklahoma Driving Record Summary** (State law limits this summary or Motor Vehicle Report (MVR) to three years.) | **$25.00** |
| For certified copies, please add **$3.00** per record to the amount due for a total of **$28.00.** **TOTAL DUE** | |

This report is for yourself: ☐ **Yes** (Complete Section 2 and 3) ☐ **No** (Complete Section 2, 3, 4, and 5)

**SECTION 2 – Driver Information** All information required

| First Name: | Middle Name: | Last Name: |
|---|---|---|
| Driver License Number: | Sex: | Date of Birth: |

**SECTION 3 – Requestor Information** All information required

| First Name: | Middle Name: | Last Name: | |
|---|---|---|---|
| Mailing Address: | City: | State: | Zip: |
| Telephone Number: | Email Address: | | |

**SECTION 4 – Business, Organization, or Entity Information** All information required

| Name of Business, Organization, or Entity: | Requestor's Title: | Type of Business: |
|---|---|---|

**SECTION 5 – Reason for Request** Check all that apply

- ☐ Government agency (federal, state, or local including court or law enforcement) for carrying out its functions.
- ☐ Legal in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order of a court.
- ☐ Research Activities or Statistical Reports (personal information shall not be published, re-disclosed, or used to contact individuals).
- ☐ Insurance company, insurance support organization, self-insured entity for claims investigation, anti-fraud, rating, or underwriting activities.
- ☐ Licensed private investigative agency or licensed security service for any purpose permitted under 18 U.S.C. § 2721, subsection (b).
- ☐ Employer of commercial driver license holder to obtain or verify information required under 49 U.S.C. § 31304.
- ☐ Other for use specifically authorized under the laws of the State of Oklahoma related to the public safety. Statutory citation: _____

**Driver Written Consent** CONSENT TO RELEASE by Person Named in Request [consent to release is required if none of the reasons above apply.]

By signing below, the driver identified above grants consent to Service Oklahoma or any licensed operator to release these records to the requestor.

| Driver Signature: | Date: |
|---|---|

**Affirmation**

Pursuant to 12 O.S. § 426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of their duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. §§ 2421, et seq.] and their obligations to use such information only of the purposes set out therein and their civil and criminal liabilities if they violate these duties, and their obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and held harmless both the Service Oklahoma and OK.gov from all liability and penalties associated with me or my successor' or assignees' wrongful use and/or release of such information.

| Requestor Signature: | Date: |
|---|---|

Please return the records via: ☐ Requestor's mailing address ☐ Requestor's email address

OKLAHOMA Human Services

**Request for Background Check**

## Applicant Information

To prevent processing delays, complete ALL fields in this section.

First name | Middle Name ☐ N/A | Last name

Aliases, including maiden name or any other name used prior to a legal name change:

☐ N/A (check box if this section does not apply to the applicant)

**Please include first name, middle name, and last name for all aliases listed.**

| First name | Middle name | Last name |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Nickname(s)

Date of birth ☐ Male ☐ Female Height Weight

City and state of birth Social Security number

Hair color Eye color Driver license (DL) number State DL issued

Mailing address City State ZIP code

Phone number Fax number Email

## Previous Five Years Residency

List all states, other than Oklahoma, you have lived in during the past five (5) years.

☐ N/A (check box if this section does not apply to the applicant)

| State | Start date | End date |
|---|---|---|
| | | |
| | | |
| | | |

List all countries, other than the United States of America, you have lived in during the past five (5) years.

☐ N/A (check box if this section does not apply to the applicant)

| Country | Start date | End date |
|---|---|---|
| | | |
| | | |
| | | |

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, explain:

## Consent and Signature

☐ I understand Oklahoma Human Services (OKDHS) will evaluate the results of the state background checks and/or national fingerprint-based background check as part of a comprehensive review.

☐ I understand OKDHS will evaluate child abuse and neglect history for Oklahoma and all other states as required and when available as part of a comprehensive review.

☐ I understand registration on the Restricted Registry may occur when there is a confirmed or substantiated finding of abuse or neglect against a child in care.

☐ The Oklahoma State Bureau of Investigation (OSBI) will retain my fingerprints in the Automated Fingerprint Identification System and will notify the OKDHS Office of Background Investigations (OBI) of any future Oklahoma criminal arrests through the Records of Arrest and Prosecution (RAP) Back service.

☐ I understand my fingerprints will be used to check the Federal Bureau of Investigation's (FBI's) criminal history records. The FBI will retain my fingerprints and associated information/ biometrics, and while retained, my fingerprints will continue to be compared against submitted to or retained by the FBI, and the FBI will notify the Office of Background Investigations (OBI) of any future National criminal arrests through the Records of Arrest and Prosecution (RAP) Back Service.

☐ I understand I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Section 16.34 of Title 28, United States Code of Federal Regulations. Additional information: https://www.fbi.gov/about-us/cjis/background-checks

☐ I have received and reviewed the privacy policy. View the privacy policy online at: https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

I certify that all personal identifying information provided on this form is true and correct. I understand the purpose of this form and background check and grant permission, without recourse, for the use and release of information as necessary for the purpose of an Oklahoma name-based and/or a national fingerprint criminal background check and driving record. This information cannot be released for any other purpose without my written permission.

Signature _____ Date _____

## Background Check Purpose

This section is completed by the OKDHS representative or requesting authority. Select the appropriate Request Category section then the Type and Reason for that category.

### Request Category: Child Welfare Name Based

☐ Child Welfare Name Based

- ☐ Adoption
  - ☐ Indian Child Welfare (ICW) or tribal adoption
  - ☐ OKDHS adoption
- ☐ Erica's Rule
  - ☐ Erica's rule
- ☐ Foster Care
  - ☐ Contracted resource family partnership (RFP) agency
  - ☐ Kinship - non-relative
  - ☐ Kinship - relative
  - ☐ Therapeutic foster care (TFC)
  - ☐ Traditional foster care
- ☐ Guardianship
  - ☐ ICW or tribal guardianship
  - ☐ OKDHS guardianship

- ☐ Immediate Protective Action Plan (IPAP)
  - ☐ Immediate Protective Action Plan (IPAP)
- ☐ Indian Child Welfare (ICW) or tribal foster care
  - ☐ Indian Child Welfare (ICW) or tribal foster care
- ☐ Re-issue child welfare name based result within last 30 calendar days
  - ☐ Re-issue previous results only
- ☐ Safety Plan Monitor
  - ☐ Safety Plan Monitor
- ☐ OKDHS trial reunification
  - ☐ OKDHS trial Reunification
- ☐ Volunteer
  - ☐ Volunteer

**Request Category: Child Welfare Fingerprint Based**

☐ Child Welfare Fingerprint Based

- ☐ Adoption
  - ☐ Indian Child Welfare (ICW) or tribal adoption
  - ☐ OKDHS adoption
- ☐ Foster Care
  - ☐ Contracted resource family partnership (RFP) agency
  - ☐ Developmental Disability Services (DDS) specialized foster care
  - ☐ Emergency after hours placement-follow up (Purpose Code X)
  - ☐ Indian Child Welfare (ICW) or tribal foster care
  - ☐ OKDHS foster care
  - ☐ Therapeutic foster care (TFC)
- ☐ Guardianship
  - ☐ Indian Child Welfare (ICW) or tribal guardianship
  - ☐ OKDHS guardianship
- ☐ Host Homes
  - ☐ Host homes
- ☐ Immediate Protective Action Plan (IPAP) or Safety Plan
  - ☐ Immediate Protective Action Plan (IPAP) or Safety Plan
- ☐ Re-issue child welfare fingerprint result within last five years
  - ☐ Re-issue previous results only
- ☐ Trial reunification
  - ☐ Trial Reunification

## Request Category: Private Child Welfare

- ☐ Private Child Welfare
  - ☐ Private Adoption
    - ☐ Private adoption - name based
    - ☐ Private domestic adoption - fingerprint based
    - ☐ Private guardianship - name based
    - ☐ Private international adoption - name based

If requesting a national fingerprint background check, you must be fingerprinted prior to completing this form. If you have not been fingerprinted, a complete national fingerprint-based background check cannot be conducted.

_____
UE ID#

Questions?
Contact the Office of Background Investigations
1-800-347-2276
OBICW@okdhs.org

## OKDHS Representative or Requesting Authority

| Casey Dowling | CWS IV, RFP Liaison WYI |
|---|---|
| Name | Title |

| 1200 W ROCK Rd | Norman | OK | 73069 |
|---|---|---|---|
| Mailing address | City | State | ZIP code |

| (405) 613-8983 | | caseydowling@okdhs.org |
|---|---|---|
| Phone number | Fax number | Email |

**Stop!** This form **must** be signed by the subject of the background check.

Note: This form and the information contained within including, but not limited to, obtaining accurate information and signatures, are the responsibility of the person submitting this request. Paper copies must be kept on file for a minimum of five (5) years and are subject to audit by OKDHS OBI, OSBI, and the FBI.

## Routing

Send completed request by mail to:
OKDHS Office of Background Investigations
PO Box 268935
Oklahoma City, OK 73126

Or scan and send completed request by email to:
OBICW@okdhs.org

Or by fax to:
405-702-5053

SERVICE OKLAHOMA

# MOTOR VEHICLE REQUEST FOR RECORDS

| **SECTION 1 – Information Requested** | Fee: (Per Record) |
|---|---|
| **Oklahoma Driving Record Summary** (State law limits this summary or Motor Vehicle Report (MVR) to three years.) | **$25.00** |
| For certified copies, please add **$3.00** per record to the amount due for a total of **$28.00.** **TOTAL DUE** | |

This report is for yourself: ☐ **Yes** (Complete Section 2 and 3) ☐ **No** (Complete Section 2, 3, 4, and 5)

**SECTION 2 – Driver Information** All information required

| First Name: | Middle Name: | Last Name: |
|---|---|---|
| Driver License Number: | Sex: | Date of Birth: |

**SECTION 3 – Requestor Information** All information required

| First Name: | Middle Name: | Last Name: | |
|---|---|---|---|
| Mailing Address: | City: | State: | Zip: |
| Telephone Number: | Email Address: | | |

**SECTION 4 – Business, Organization, or Entity Information** All information required

| Name of Business, Organization, or Entity: | Requestor's Title: | Type of Business: |
|---|---|---|

**SECTION 5 – Reason for Request** Check all that apply

- ☐ Government agency (federal, state, or local including court or law enforcement) for carrying out its functions.
- ☐ Legal in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order of a court.
- ☐ Research Activities or Statistical Reports (personal information shall not be published, re-disclosed, or used to contact individuals).
- ☐ Insurance company, insurance support organization, self-insured entity for claims investigation, anti-fraud, rating, or underwriting activities.
- ☐ Licensed private investigative agency or licensed security service for any purpose permitted under 18 U.S.C. § 2721, subsection (b).
- ☐ Employer of commercial driver license holder to obtain or verify information required under 49 U.S.C. § 31304.
- ☐ Other for use specifically authorized under the laws of the State of Oklahoma related to the public safety. Statutory citation: _____

**Driver Written Consent** CONSENT TO RELEASE by Person Named in Request [consent to release is required if none of the reasons above apply.]

By signing below, the driver identified above grants consent to Service Oklahoma or any licensed operator to release these records to the requestor.

| Driver Signature: | Date: |
|---|---|

**Affirmation**

Pursuant to 12 O.S. § 426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of their duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. §§ 2421, et seq.] and their obligations to use such information only of the purposes set out therein and their civil and criminal liabilities if they violate these duties, and their obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and held harmless both the Service Oklahoma and OK.gov from all liability and penalties associated with me or my successor' or assignees' wrongful use and/or release of such information.

| Requestor Signature: | Date: |
|---|---|

Please return the records via: ☐ Requestor's mailing address ☐ Requestor's email address