

Foster Care Licensing Committee Application of the Absentee Shawnee Tribe of Oklahoma

Name: _____ CDIB: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Are you 18 or older? Yes No (circle one) Must be at least 18 and able to enter into a contract

Willing to become a Foster Care Emergency Home and become licensed? _____

Are you willing to undergo a background check? _____ Do you have any felony's?

If yes explain: _____

Have you served on any other committees? _____

What is your Highest education Level? _____ Major: _____

Any other information that you believe that will help in the decision to choose our committee by?

References:

Name: _____ Phone: _____ How long have you known? _____

Name: _____ Phone: _____ How long have you known? _____

Name: _____ Phone: _____ How long have you known? _____

Each Committee Member shall take an oath to support and defend the constitution, rules and regulations of the Absentee Shawnee Tribe.

Signature: _____ Date: _____

Please include your letter of intent.