



Agency Certification Report

The child placing agency certifies to OKDHS that each foster home or independent living arrangement complies with the licensing requirements for child placing agencies. The form is completed in duplicate by the child placing agency representative.

Form with fields: Child placing agency, County, Name of staff completing form, Phone number, Street address, City, State, Zip + 4

Foster home

Identifying information

Form with fields: Family name, County, Street address, City, State, Zip + 4

Foster parents

Form for Head of household 1 with fields: Name, Date of birth, Social Security number, Home phone, Work phone, Cell phone, Fingerprint date, E-mail, Gender, Marital status, Language, Primary race, Secondary race, Hispanic or Latino origin

Form for Head of household 2 with fields: Name, Date of birth, Social Security number, Home phone, Work phone, Cell phone, Fingerprint date, E-mail, Gender, Marital status, Language, Primary race, Secondary race, Hispanic or Latino origin

Other household members	Date of birth	Relationship

Resource school district: _____

Independent living

Street address	City	State	Zip +4
Number of residents		Age range	

I hereby certify that the above living situation complies with the requirements for licensing under the provisions of the Oklahoma Child Care Facilities Licensing Act. (10 O.S. § 401-415)

_____ Agency representative _____ Date

Original: State Office, Oklahoma Child Care Services
Copy: Child placing agency file
County Child Welfare agency liaison