



Absentee Shawnee Tribe of Oklahoma  
 Promoting Safe and Stable Families Program  
 105 N. Kimberly  
 Shawnee, OK 74801  
 (405) 395-4490 \* Fax (405) 395-4495

**PSSF INTAKE**

Referred by \_\_\_\_\_

The primary goals of Promoting Safe and Stable Families (PSSF) are to prevent the abuse/neglect of children, prevent the break-up of a family due to abuse neglect, promote community awareness about child abuse/neglect and the services your agency or department provides, reunite children who have been removed from their homes and families due to abuse/neglect, and to move children currently in foster care to permanency whether that be through reunification, guardianship, adoption, or independent living (aging out of foster care). **THIS IS NOT A POVERTY ASSISTANCE PROGRAM.**

**Terms and Conditions of the Absentee Shawnee Tribe Promoting Safe and Stable Families Program**

The PSSF program is a **VOLUNTARY** program. However failure to complete recommended case/service plan could result in an investigation by OKDHS or Absentee Shawnee Indian Child Welfare. **Failure also to complete the recommended case/service plan could result in all future requests being denied.** In order to receive services through the Absentee Shawnee Tribe PSSF program you must be willing: 1.) to have an open case with the Absentee Shawnee Tribe Preserving Safe and Stable Families Program (PSSF) 2.) To allow worker to conduct random unannounced home visits to include announced home visits. (\*A home visit must be completed prior to receiving any financial assistance from the PSSF program) 3.) At the request of the Absentee Shawnee Tribe of Oklahoma submit to random drug testing prior to being approved for service if deemed necessary by the AST ICW PSSF worker/program. 4.) During the assessment process the Absentee Shawnee PSSF worker must identify a possible risk or current risk to the children safety that would not merit a referral to the OKDHS or Indian Child Welfare programs. If it becomes apparent to the PSSF worker, that there may be the immediate risk to the children, the Child Protection Worker with OKDHS or Indian Child Welfare will conduct an investigation to ensure that the children in the home are not living in an unsafe or unstable environment. By signing below you agree to these terms and conditions.

(\*Note these terms will not fully apply if there are certain emergency needs by a family as determined by the PSSF worker/AST ICW Program. If emergency need is approved then no service plan will be needed in order to receive certain services/help)

I, \_\_\_\_\_ (print) have read the terms and conditions and agree to follow the terms and conditions. I understand by not following to adhere to the terms and conditions could cause me to be denied for service by now and in the future with the Absentee Shawnee PSSF program.

\_\_\_\_\_  
 Sign Name

\_\_\_\_\_  
 Date

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Age \_\_\_\_\_ Tribe and CDIB number \_\_\_\_\_

Do you received any state assistance (TANF or food stamps) \_\_\_\_\_

Are you employed \_\_\_\_\_ Place of employment \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

Did you complete High School? \_\_\_\_\_ GED? \_\_\_\_\_ College? \_\_\_\_\_ Trade School \_\_\_\_\_

List Household Composition

Name	Relationship	Sex	DOB	Marital Status	Tribe or Race	Grade/Employment

Reason why needing assistance \_\_\_\_\_

Is there a current open investigation or case with DHS or any tribal ICW involving yourself or your children? \_\_\_\_\_ (Yes or No or Not Sure) (\*Note all names will be check with OKDHS to ensure there is no open investigation)

If so, what are the allegations involving the investigation \_\_\_\_\_

Has your partner (family member, etc.) physically hurt or threatened you? \_\_\_\_\_

If so when was the last time \_\_\_\_\_

Are you seeking help due to alcohol or drug use/abuse? \_\_\_\_\_

If so what substances are you currently using? \_\_\_\_\_

Are you seeking help due to concerns with dealing with mental health issues? \_\_\_\_\_

Are you seeking help due to needing financial or budgeting counseling? \_\_\_\_\_

Are you seeking help due to needing help with parenting assistance? \_\_\_\_\_

I, verify all information provided in the PSSF intake is true and correct to the best of my knowledge. I understand that falsifying any information could cause my intake to be denied for services and for future services with the Absentee Shawnee PSSF program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Significant Other

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PSSF Worker

\_\_\_\_\_  
Date

Office Use Only

<b>PSSF Intake No:</b> _____
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