

# Lär ke Kuy Puolä Puany Ram min Gør Gat -

## CIË MI LATKË RAAR

### Applicant Medical Report - **CONFIDENTIAL**

 DATE  
CÄD

#### Section 1: Completed by applicant. Return to local Licensing Division office.

**GUATH IN 1: Min ca thuk ke thierñi e ram min gør gat. Ca luoc guath ji mucä naath luñ lätdä rey dhöar.**

MEDICAL PROVIDER RAM MIN MOCJE WAL	PHONE AND FAX NUMBER (AREA CODE) NÄMBÄ TALEPONÄ (MATNI NÄMBÄ DHOAR THIN)	LOCAL LICENSING DIVISION OFFICE: GUATH MUCÄ NATH WAREGAK REY DHOAR:	
ADDRESS NAME/LOCATION CIQT GUATH CIËDÄ/ DHÖR			
CITY R&K	STATE WILAYË	ZIP CODE NÄMBÄ DHOAR	
NAME OF APPLICANT CIQT RAM MIN GÖR GAT			DATE OF BIRTH CÄD DIETH

I hereby authorize my medical provider to release my medical history information including, but not limited to, information on the issues I have initialed below. This information is required as part of a home study for foster care and/or adoption.

This release of information is valid for one year from the date of my signature. **NOTE: Be sure to initial each line and sign.**

\_\_\_ mental illness, \_\_\_ alcohol and drug concerns, \_\_\_ sexual and/or physical abuse, \_\_\_ domestic violence.

Cä lar waneme enyöö cä ram min moc yä wal nhok yöö be lär mi rönj thop ke kuyi tag puolä puanydä, ce pek kä, läri ke kuyi kä me cä lar piny waneme. Lär eme gorkë je ala kel kä lat njäcä ke kuyi cienj ke tag kappa gatdä kene/kië pieth gatdä.

Lär eme be läit ke ruon kel nike cänj ee thäny ke yä. **DÄCNI JE: Däcni je ni goa enyöö bi ciotdu kene thänydu läth beri.**

\_\_\_ tag yonjä, \_\_\_ math könjä kene mieth wal ti jiek, \_\_\_ dhöm ran kene/kië mac ran ke buom, \_\_\_ kori cienjñi.

 \_\_\_\_\_  
SIGNATURE OF APPLICANT  
THÄNY RAM MIN GÖR GAT

 \_\_\_\_\_  
DATE  
CÄD

#### Section 2: Completed by Medical Provider. Return to local Licensing Division office listed above.

**Guath 2: Ba thuk e ran Thopä Wal. Ba luoc guath in muocke naath waregakni lätdä thin cet min tteñ nhial**

DATE OF MOST RECENT PHYSICAL EXAMINATION (MUST BE WITHIN 12 MONTHS OF APPLICATION) CÄD IN THIAK DIËN MIN CA THEM JI (BE DHIL/YIK TEE REY PÄTHNI 12 NIKE GUATH EE GÖRI WAREGAKDU)		DATE FIRST SEEN BY PROVIDER CÄD IN NHIAM MIN CA NËN JI E RAN MUCÄ NAATH WAL	
DATE OF LAST TB TEST (FOR LICENSING ONLY) CÄD EE JOAK MEE CA THEM JI KE JUËY KILÄ (KE KUYI MUCÄ WAREGAK KÄRÖA)	RESULTS OF LAST TB TEST (FOR LICENSING ONLY) TAA THEM TIBIKÄ ME CI BEN RAAR (E DUD JI MUCÄ NATH WAREGAKNI KÄRÖA)	*DATE OF LAST TDAP *CÄD EEJOAK EE LAT KE NI TDAP	*DATE OF LAST INFLUENZA VACCINE (FOR LICENSING ONLY) *CÄD EEJOAK EECA MOC WÄL JUËY WUMNI KENE KIËL (E DUD JI MUCÄ NATH WAREGAKNI KÄRÖA)
SPECIALIST REFERRED TO LÄT MI DIIT MI CA JÄKÄ	ADDRESS OF SPECIALIST GUATH CIËDÄ LÄT E DIIT EMO		
REASON FOR REFERRAL LUOK JÄKÄË			

**\*Required if caring for children under the age of two or medically fragile children**

**\* Gorkë je mi yupi gaat ti tteñ piny runi raw kie gaat ti teke juvy mi diit**

CHRONIC / FREQUENT MEDICAL ISSUES SIGNIFICANT PAST MEDICAL HISTORY INCLUDING RI&K JOAK/TAA WEKÄ DUEL WAL K& PEK EE CI WÄ		
CURRENT MEDICAL DIAGNOSIS TAA PUOLÄ PUANY IN TÄME		
CURRENT MEDICATIONS: PLEASE STATE THE PURPOSE OF THE MEDICATION, ANTICIPATED SIDE EFFECTS AND CONCERNS IF THE MEDICATION IS NOT TAKEN, AND HOW IT AFFECTS DAILY FUNCTIONING TAA MATH WAL IN TÄME: LADKO JI ENYÖÖ DERI LUOT IN MATHI WAL LAT, LAT MIN DE JIEK THIN K&N& MIN DE JI DIR MI KENI WAL MATH, K&N& TAA IN LA L&L& NI PUONYDU NI CIAD		
PROGNOSIS MIN DQD JOK		
PLEASE DESCRIBE HOW ANY MEDICAL CONDITION AFFECTS THE CARE OF ADDITIONAL CHILDREN LADKO JI ENYÖÖ DERI TAA IN DE TAA JUATH YUOP GAAT MI MAT K& JI YAR		
COMMENTS/ IMPRESSIONS: IS THE APPLICANT CAPABLE OF CARING FOR AN ADDITIONAL CHILD OR CHILDREN? MATNI DUOR THIN/MI CI LOCDU T&ETH: RAM MIN CI WAR&GAK K& KUIY GATDÄ GOR T&K& LUAD MI DERE KÄP NI GAT/GAAT TI KOD TI CA MAT J&?		
MEDICAL PROVIDER SIGNATURE THÄNY RAM MIN MOCJ& WAL	PRINT NAME CIQT IN CA KAM RAAR	DATE CÄD

**\*Required if caring for children under the age of two or medically fragile children**  
**\* Görk& j& mi yupi gaat ti t& piny runi r&w k& gaat ti t&k& j&ny mi diit**