



LISANSINUN DABARINDIRA (LD)  
**Mundindaanan jaarandi kaayiti**  
**Applicant Medical Report**  
**CONFIDENTIAL - GUNDON DI**

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|---|--|
| <b>Section 1: Completed by Applicant</b>  |  |
| <b>Kutira 1: mundindaanan safanden</b>  |  |
| MEDICAL PROVIDER NAME<br>JAARANDEN NADAANAN TOXO  |  |
| PHONE NUMBER<br>TALIFO NIMERO   | FAX NUMBER<br>FAKISI NIMERO  |
| ADDRESS OR NAME AND LOCATION OF MEDICAL OFFICE/PRACTICE/CLINIC<br>ADERESI MA TOXO DO JAARANDI GOLLIRAN TAAXURA/KILINIKI   |  |
| NAME OF APPLICANT<br>MUNDINDAANAN TOXO  | DATE OF BIRTH<br>SAARE HAXATI  |
| <p>I hereby authorize my medical provider to release my medical history information including, but not limited to, information on the issues I have checked 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.</p> <p><b>NOTE: Be sure to check each line <u>and</u> sign.</b></p> <p><input type="checkbox"/> mental health <span style="margin-left: 200px;"><input type="checkbox"/> sexual and/or physical abuse</span></p> <p><input type="checkbox"/> alcohol and drug concerns <span style="margin-left: 150px;"><input type="checkbox"/> domestic violence</span></p> <p>N wa namariye kinni in golliran jaarandaanan nja ti ke kayiti yi n'an jaaranden xibaarun koni, a na maxa xenpe xibaaru ya n yinme gada ku beenu segesege i ga wureedu. Kun xibaaru wa do mundunde yi ka noxon di ti xooronden nja ado/ ma maranden.</p> <p>Ku xibaaru koniyen namariyeten ni siine noxon di n'a wutu kittibatten warakootan nja.</p> <p><b>KOROSINDE: An haqiren toxo na kille su do taagumanse su segesege.</b></p> <p><input type="checkbox"/> haqiren saha <span style="margin-left: 200px;"><input type="checkbox"/> saxuran ado/ma faten sondonkawantaaxu</span></p> <p><input type="checkbox"/> dolon do dorogunun <span style="margin-left: 150px;"><input type="checkbox"/> sondonkawantaaxu ka noxon di</span></p> |  |
| SIGNATURE OF APPLICANT<br>MUNDINDAANAN KITTIBATTE   | DATE<br>KOOTA  |
| <b>Section 2: Completed by LD/CPA Staff</b>   |  |
| <b>Kutira 2: DA/CPA gollirnanjaanan safanden</b>  |  |
| LICENSOR NAME<br>LISANSIN KINNAANAN TOXO  | LICENSING DIVISION OFFICE MAILING ADDRESS AND FAX NUMBER<br>LISANSIN DABARINDIRA GOLLIRAN ADERESI POSITALI D'A FAKISI NIMERO |
| <b>Section 3: Completed by Medical Provider. Return to local Licensing Division office listed in Section 2.</b>   |  |
| <b>Kutira 3: Jaarandaanan kittibatte. Na saage katta lisansinun dabaridira be ga xa taaxuran nja a koninten ga kutira 2 di moxo be 2.</b>   |  |
| DATE OF MOST RECENT PHYSICAL EXAMINATION (MUST BE WITHIN 12 MONTHS OF APPLICATION)<br>FANTEN FAAYIYEN KOOTA TINTONTEN (NA XAWA NAANI KASO 12 YA SADO MUNDUNDEN GA NAANA)  | DATE FIRST SEEN BY PROVIDER<br>KININDAANAN FAAYIYEN TA FANAN KOOTA   |
| CHRONIC / FREQUENT MEDICAL ISSUES (INCLUDING SIGNIFICANT PAST MEDICAL HISTORY)<br>JAARANDEN XOTOYUN NAMANTANBALI/A GA N GABA (NA KAFI JAARAN XASUN KOYINTON DA)   |  |
| CURRENT MEDICAL DIAGNOSIS<br>JAARANDEN FAAYIYEN SAASANMA  |  |

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  
SAASA SAHARUN: DUUDOXOTO NA SAHAREN MAANAN KO, A GA FO BEENU NAANA A D'A LAHALIYANUN SAHAREN GA MA WUTI, ADO A GA SEREN NAANA MOXO BE KOOTA SU

PROGNOSIS  
HAQIRELA KOYIYE

PLEASE DESCRIBE HOW ANY MEDICAL CONDITION AFFECTS THE CARE OF ADDITIONAL CHILDREN  
DUUDOXOTO AN NA SAHAN FEERA GA KE BE NAANA LEMINUN JAARANDEN DA NA KEN MOXON KONI

COMMENTS/ IMPRESSIONS: IS THE APPLICANT CAPABLE OF CARING FOR AN ADDITIONAL CHILD OR CHILDREN?  
DANTAXINDUN/HAQIRELANUN: XIIMANDAANA RA WA LEMINEN MA LEMINUN TANAANU TOPOTONO SIRI?

SPECIALIST REFERRED TO (IF APPLICABLE)  
TUWAANA KOYINTEN (A GA GENME)

FAX NUMBER OF SPECIALIST (IF APPLICABLE)  
TUWAANA KOYINTEN FAKISIN NIMERO (A GA GENME)

REASON FOR REFERRAL (IF APPLICABLE)  
WARAYEN KITTETANA KANMA MAANA (A GA GENME)

**MEDICAL PROVIDER SIGNATURE**  
**JAARANDEN NADAANAN KITTIBATTE**

MEDICAL PROVIDER NAME  
JAARANDEN NADAANAN TOXO

SIGNATURE  
KITTIBATTE

DATE  
KOOTA