

# APPLICATION FOR CHILD FOSTER CARE

**Applicant Name:** (Last, First, MI)      Alias (s)/Maiden:      Date of Birth:      Social Security #:

Drivers License #      EXP:      Tribal ID~ where Enrolled:      Other ID:

**Co -Applicant Name:** (Last, First, MI) Alias (s)/Maiden:      Date of Birth:      Social Security #:

Drivers License #      EXP:      Tribal ID~ where Enrolled:      Other ID:

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **MN. (Zip) :** \_\_\_\_\_

**Community:** \_\_\_\_\_

**School District:** \_\_\_\_\_ **District 1 2 3**

**EMAIL:** \_\_\_\_\_

**Need Area Codes:**

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Message/Other # \_\_\_\_\_

Do you Smoke? Yes or No

Do you SMOKE in the home? Yes or No

**DWELLING INFORMATION** (Check all that apply)

\_\_\_\_\_ Owned      \_\_\_\_\_ Rented      \_\_\_\_\_ Single Family House      \_\_\_\_\_ Mobile Home      \_\_\_\_\_ Year

\_\_\_\_\_ Wood Burning Stove/Fireplace (last inspected)      \_\_\_\_\_ # of Bedrooms

**PREVIOUS LICENSURE:** (Check all that apply):      \_\_\_\_\_ New      \_\_\_\_\_ Renewal License

Have you been previously licensed? Yes or No

If Yes Where & License #: \_\_\_\_\_ Date (s): \_\_\_\_\_

**LIST ALL CHILDREN & ADULTS LIVING/WORKING IN THE DWELLING**

(NOT including Foster Children):

Name, (Last, First, MI):      Relationship:      DOB:      Age:

1. (Self) \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

**REFERENCES: (3 Required ) (Non-Relatives)**

1. Name (Last, First, MI): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone:#'s: HM \_\_\_\_\_ Cell \_\_\_\_\_ Work# \_\_\_\_\_

2. Name (Last, First, MI): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone:#'s: HM \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

3. Name (Last, First, MI): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CLASS OF LICENSE: (Check all that apply)**

\_\_\_\_\_ Emergency      \_\_\_\_\_ Therapeutic Child (ran)      \_\_\_\_\_ Regular

\_\_\_\_\_ Relative Only      \_\_\_\_\_ Respite Only (Internal Use Only)

**TYPE OF CLIENT PREFERRED: ( Check all that apply)**

\_\_\_\_\_ Specific Child      \_\_\_\_\_ Male      \_\_\_\_\_ Female      \_\_\_\_\_ Non-Handicapped

Age Range Preference: \_\_\_\_\_ Capacity (# of Children) \_\_\_\_\_

The information that I have provided on this application is true & accurate. If the Leech Lake Child Welfare Committee grants me a license, I agree to comply with the requirements contained in Leech Lake Ojibwe License requirements for Foster Care at all times during the terms of the license. I agree that the Leech Lake License Coordinator has the right to request any documentation required by Leech Lake Band of Ojibwe License rules for **Foster Care to inspect my home and its ground at any time during the hours that I provide foster care.** Furthermore, I agree, that the documentation & inspections required is necessary for the Leech Lake Child Welfare Committee to determine whether I am complying with Leech Lake Reservation Standards.

Finally, I agree that any documentation that I provide or representations that I make to the Leech Lake Child Welfare License Coordinator during the time that I am licensed will be true & accurate & that any misrepresentations other violations of Leech Lake Band of Ojibwe License Requirements for Foster Care may result in probation, suspension or termination of the license.

Signature of Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_

Date: \_\_\_\_\_