

Received on:

Port Gamble S'Klallam Tribe Application for Foster Home License

Staff initial:

cense

Applicant #1								
First name	Middle La	ast Name	Maiden					
Social Security Num	ber Birthdate	e Birth	City/State					
Tribal Affiliation	Email	Cell						
Highest level of educ	cation achieved	Occupation	Annual Income					
Have you held a foster care license before? If so, when and with which agency?								
Applicant #2	Middle La	ast Name	Maiden					
Social Security Number Birthdate Birth City/State								
Tribal Affiliation	Email	Cell						
Highest level of education achievedOccupationAnnual Income								
Have you held a foster care license before? If so, when and with which agency?								
Street Address	City	Zip Code	Home Phone					
Mailing Address (same as street address)								
Directions for reaching your home								
Type of license soug	ht Placeme	nt preference	Number of placements					
Placement age range	e Note							
Nearest School Head Start Elementary People living in the Name	e home Birthdate	Junior High High School e Relat	ionship to applicants					
1.	Dirtituati		Relationship to applicants					

2.								
3.								
4.								
Character references (For initial license only)								
Name 1.	Address	City	State	Zip Code	Phone			
2.								

Please answer the following questions Note: If yes, attach statement of explanation

- 1. Has applicant ever been deprived of custody of own children by court action? _____
- 2. Has applicant or any other member of the household:

A. Had a serious injury of illness or has been hospitalized during the past year or currently under medication, or has a history of mental or physical limitations? ____

B. Been found to have committed child abuse or neglect? ____

C. Engaged in the illegal use of drugs? _____

D. Engaged in excessive use of alcohol? _____

E. Been convicted of a felony? _____

F. Been released from prison in the last seven (7) years? ____

G. Been denied a license to care for children or adults? _____

H. Had a license to care for children or adults revoked or suspended? _____

I. Have a criminal record? ____

3. Is your water supply from a private source? _____ If yes, then attach a water test report.

4. TB Test results: _____ Attach report. If test is positive, include physician's statement regarding communicability of condition.

The Port Gamble S'Klallam Tribe (PGST) may not license, make referrals to, payments to, or include in it's directories the names of agencies which discriminate in employment practices because of race, creed, color, national origin, sex, handicap or age. I hereby agree not to engage in prohibited discriminatory practices.

I hereby certify that I have received, read, understand and agree to comply with the provisions of the Port Gamble S'Klallam Tribe Law and Order Code Title 21 Family Code, and Title 16 Family Protection Code, and the PGST Licensing Standards and Regulations. I (we) further understand that PGST Children and Family Services does a criminal history records check, and a check of the central registry of child abuse for all persons applying for child care licenses and all persons over the age 16 in the home.

Applicant #1 signature	Date
Applicant #2 signature	Date