

- 2.
- 3.
- 4.

Character references (For initial license only)

Name	Address	City	State	Zip Code	Phone
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- 1.
- 2.
- 3.

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