



## SILETZ INDIAN CHILD WELFARE DEPARTMENT CONSENT FOR CRIMINAL RECORDS CHECK

In order to protect the best interests of children in foster care, the Siletz Tribe Indian Child Welfare Program needs the following information. By your signature(s) and signature(s) of other adults residing in your home, you authorize the Siletz Tribe Indian Child Welfare Program to obtain information about you from the Oregon State Police and other law enforcement agencies or courts. This includes driving violations of all licensed drivers in your home.

**Please print the following information legibly and in ink.**

**1. Full name and all other names used (aliases, maiden name, and/or previous married names). Use additional pages if necessary.**

(a) \_\_\_\_\_  
*Full Name (First Name, Middle Name, Last Name) (Please Print)*      *Other Names Used (Please Print)*

\_\_\_\_\_      \_\_\_\_\_  
*Date of Birth*      *Social Security Number (optional)*      *State & Driver's License Number*

X  
 \_\_\_\_\_  
*Signature*      \_\_\_\_\_  
*Date*

(b) \_\_\_\_\_  
*Full Name (First Name, Middle Name, Last Name) (Please Print)*      *Other Names Used (Please Print)*

\_\_\_\_\_      \_\_\_\_\_  
*Date of Birth*      *Social Security Number (optional)*      *State & Driver's License Number*

X  
 \_\_\_\_\_  
*Signature*      \_\_\_\_\_  
*Date*

**2. Other adult(s) 18 years of age or older, living in household. (Please include employees and volunteers who frequently visit the household.)**

(a) \_\_\_\_\_  
*Full Name (First Name, Middle Name, Last Name) (Please Print)*      *Other Names Used (Please Print)*

\_\_\_\_\_      \_\_\_\_\_  
*Date of Birth*      *Social Security Number (optional)*      *State & Driver's License Number*

X  
 \_\_\_\_\_  
*Signature*      \_\_\_\_\_  
*Date*

(b) \_\_\_\_\_  
*Full Name (First Name, Middle Name, Last Name) (Please Print)*      *Other Names Used (Please Print)*

\_\_\_\_\_      \_\_\_\_\_  
*Date of Birth*      *Social Security Number (optional)*      *State & Driver's License Number*

X  
 \_\_\_\_\_  
*Signature*      \_\_\_\_\_  
*Date*

(c) \_\_\_\_\_  
*Full Name (First Name, Middle Name, Last Name) (Please Print)*      *Other Names Used (Please Print)*

\_\_\_\_\_      \_\_\_\_\_  
*Date of Birth*      *Social Security Number (optional)*      *State & Driver's License Number*

X  
 \_\_\_\_\_

Signature

Date

**3. Children living in the home with valid driver's license.**

(a) \_\_\_\_\_  
*Full Name (First Name, Middle Name, Last Name) (Please Print)*      *Other Names Used (Please Print)*

\_\_\_\_\_      \_\_\_\_\_  
*Date of Birth*      *Social Security Number (optional)*      *State & Driver's License Number*

X \_\_\_\_\_  
*Signature*      \_\_\_\_\_  
*Date*

(b) \_\_\_\_\_  
*Full Name (First Name, Middle Name, Last Name) (Please Print)*      *Other Names Used (Please Print)*

\_\_\_\_\_      \_\_\_\_\_  
*Date of Birth*      *Social Security Number (optional)*      *State & Driver's License Number*

X \_\_\_\_\_  
*Signature*      \_\_\_\_\_  
*Date*

(c) \_\_\_\_\_  
*Full Name (First Name, Middle Name, Last Name) (Please Print)*      *Other Names Used (Please Print)*

\_\_\_\_\_      \_\_\_\_\_  
*Date of Birth*      *Social Security Number (optional)*      *State & Driver's License Number*

X \_\_\_\_\_  
*Signature*      \_\_\_\_\_  
*Date*

Please list ALL arrests, convictions, or dismissals of any charges made against any adult living in the household including adult volunteers, or employees or unrelated persons. Use back of form if necessary. Falsification of information on this form is a criminal offense and will disqualify a prospective applicant.

Name of Person	Charge	Approximate Date	City	State



\_\_\_\_\_  
*Name of ICW Worker*

\_\_\_\_\_  
*Date Sent*



SILETZ INDIAN CHILD WELFARE DEPARTMENT  
SILETZ FOSTER HOME CONFIDENTIALITY AGREEMENT

By signing this form, I agree and understand that:

1. The requirements of the Federal Privacy Act of 1974 and Siletz Tribe's laws regarding confidentiality apply to me, as a Siletz foster home provider. I can ask the ICW worker for my own copy of these laws.
2. I understand "confidentiality" means that I cannot talk about anything about any child(ren) placed in my home. Any information I get that has to do with this placement belongs to the Tribe. Specifically, I agree that I will keep all the information I know completely secret, except I know I can always talk to ICW workers and to the child(ren)'s doctor(s).
3. I also know that I cannot talk about referrals, the child(ren)'s biological mother and/or father, evaluations, the child(ren)'s future plans or the child(ren)'s behavior with any person who does not live in my house, even if that person is a member of my family, including my parents, children, aunts, uncles, cousins, or any other person unless they are allowed access to such information by law.
4. I understand that if I do not keep the information regarding children placed in my home secret, the Tribe can take away my foster parent certification.

***\*\*Must be signed in Witness of ICW Staff\*\****

X  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ICW Staff Witness

\_\_\_\_\_  
Date



SILETZ INDIAN CHILD WELFARE DEPARTMENT  
FOSTER PARENT AGREEMENT

By signing this form I agree that I am willing to provide a healthy and safe home for children of the Confederated Tribes of Siletz Indians of Oregon who are in need of alternative placement. In so providing, I assure the Siletz Tribe that the following is adequate and true:

1. I have child-rearing practices and attitudes that will serve the best interest of foster children.
2. I will provide a stable, harmonious home and a healthy environment conducive to rearing children.
3. I am a responsible individual and a positive adult role model who exercises sound judgment and displays the ability to provide good care for children.
4. I respect the cultural values of the Siletz Tribe and the religious preferences of the foster child.
5. I will comply with the directions of the Siletz ICW Program concerning the care of a foster child and the release of information.
6. I will provide adequate supervision by a responsible adult at all times when the foster child is in the home.
7. I will provide the foster child a well-balanced and nutritious diet. If milk that is not pasteurized is used in the foster home, a foster parent shall furnish the Siletz ICW Program with a signed statement from a licensed veterinarian of the raw milk dairy verifying that TB and brucellosis tests within the previous year were negative.
8. I will not require a foster child to do work which presents a health or safety hazard to the child or which interferes with the child's education.
9. I will follow the rules in the Discipline Agreement regarding punishment of foster children.
10. I understand that I am not a party to my foster child's case and may not receive all information concerning progress of the case.
11. I will schedule a physical or well child checkup for my foster child (ren) within one week of the child(ren) being placed in my home and will provide the Siletz ICW Program with the address, phone number and name of my foster child (ren)'s licensed physician.
12. I understand, that as a foster parent, **I am considered a mandatory reporter**. If, at any time, I suspect a child has been abused or neglected, I must report this knowledge to ICW, the local Department of Human Services, or to local authorities.

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**SILETZ INDIAN CHILD WELFARE DEPARTMENT  
DISCIPLINE AGREEMENT**

1. **Discipline of children:** Discipline must be fair, reasonable, consistent, and must be related to the offense.
  - A. Corporal punishment is not permitted, even though the child's parent(s) may have consented.
  - B. Punishment connected with functions of living, such as sleeping, and eating, shall not be used.
2. The Confederated Tribes of Siletz Indians of Oregon prohibits children in care from being subjected to corporal or unusual punishment, humiliation, mental abuse, and withholding of monetary or punitive interference connected with the daily functions of living, such as sleeping or eating.
3. Corporal punishment is bodily contact punishment and includes spanking, hitting, swatting, slapping, pinching, shaking, pulling hair, washing a child's mouth out with soap, and any number of similar punishments.
4. No form of behavioral restraints, such as devices to confine a person to a bed, chair, or any such objects, to deprive a child of the use of his arms, hands, or feet as a means of controlling behavior, may not be used. No child shall be locked in any room at any time.

**I have read and understood the regulations on the discipline of children and agree to abide by the rules. I am aware that any failure to comply with this regulation(s) could result in the revocation of the Foster Care Certificate.**

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**SILETZ INDIAN CHILD WELFARE DEPARTMENT  
WEAPONS SAFETY AGREEMENT**

1. The safety and security of all children in foster home care homes require that all dangerous weapons be kept LOCKED in racks, cabinets, closets, etc.
2. Ammunition must be stored and locked separately from all firearms.
3. No foster children are to be in the presence of any firearms without written approval of the Confederated Tribes of Siletz, ICW Advocate and his/her supervisor.
4. Dangerous weapons include, but are not limited to:
  - A. Guns, such as rifles, carbines, shotguns, pellet guns, BB guns, starter pistols, and other firearms.
  - B. Explosive devices such as gun powder, ammunition, primer caps, detonators, and fuse cord.
  - C. Sports/Hunting Equipment, such as fishing spears, scuba swords, large knives, of other than decorative design, large animal traps, crossbows, and steel-tipped arrows.

In the space provided below, please list all weapons in your household and where they are stored:

Type of weapon(s)	Location

We agree that the weapons described above will be kept under lock and key and may not be used by, or around, foster children without the express consent of the Confederated Tribes of Siletz, ICW Staff and his/her supervisor.

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



SILETZ INDIAN CHILD WELFARE DEPARTMENT  
DISASTER PLAN & EMERGENCY CONTACTS

Family Name: \_\_\_\_\_  
Telephone H: \_\_\_\_\_ W: \_\_\_\_\_  
Cellular Phone(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_

**This document contains my plans and emergency contacts if I am required to leave my home address due to a natural disaster or catastrophic event.**

**If I need to evacuate my home, I would relocate to:**

**1<sup>st</sup> Choice:** (name, relationship, address, phone number, phone #, email, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My **2<sup>nd</sup> Choice** would be:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other means of contacting me:**

Other household members' names/cell #s: \_\_\_\_\_  
\_\_\_\_\_

Contact information for person with who I would be in touch in case of an emergency and who ICW could contact if necessary: (e.g. family member or friend)

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

**I understand there is critical information I am urged to have readily available to take with me when we evacuate. These include:**

- Agency contact information (ICW, DHS, caseworkers, etc.)
- My children's pertinent medical info (e.g. prescriptions, recent medical reports, physician's name and contact info, immunization history)
- Identifying information for the child (educational records, Tribal ID, etc.)
- Court order or official placement document.

By signing this form, I understand that, should any of the information included in this plan change, I am to provide ICW with an update within 7 days. I understand this form is meant to aid program staff in emergency preparedness according to federal guidelines.

Signature \_\_\_\_\_

Date \_\_\_\_\_



HOMESTUDY QUESTIONNAIRE  
FOR THE POTENTIAL FOSTER PARENT(S)

**Name(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Please describe yourself.
2. How would others describe your personality?
3. What are your interests and hobbies?
4. (Other than yourself) Who is the most important person in your life?
5. What strengths and background do you feel you have that may help you in caring for Foster Children?
6. What three things about yourself would you like to change?
7. What goals do you hope your child/children will achieve?
8. Describe the rules of your house. What do you expect of people who live/visit in your home?



9. What do you usually do when you are angry? What do you wish you would do?

10. In what ways do you feel you have changed most over the past 5 years?

11. What is the greatest personal risk you have taken?

12. What was the most significant loss you suffered and how did it affect you?

13. Please describe any health problems you have had or continue to have.

14. Have you ever had a substance abuse issue? Please describe.

15. Do you drink alcohol?

16. Do you smoke?

17. Have you served in the military? If yes, please define when, where, and type of discharge.

18. How is religion/spirituality expressed in your household's routine?

## **PERSONAL INSIGHTS**

1. What are some of your and your families' greatest achievements?
2. What has been the most traumatic/stressful experience in your life? What got you through it?
3. What rewards do you get out of raising your children?
4. How do children most easily upset you? How do you handle it?
5. How do you feel about children receiving counseling? How would you know that she/he needed counseling?
6. Discipline means. . . .
7. Describe your means of discipline in your home.

## **CULTURAL BACKGROUND**

1. Are you enrolled in any American Indian Tribe? Please identify the Tribe or Tribes for each member of the household.
2. What does Native American Culture mean to you?
3. Describe your cultural upbringing. Who was your greatest influence?
4. How do you plan to influence your children's cultural teachings?