



Native Village of Barrow  
Foster Care Case Manager  
PO Box 1130  
Barrow, Alaska 99723

Dear Potential Foster Parent:

Welcome to the application process in becoming Tribally Licensed Foster Parents. Applications are reviewed by and approved by the Social Services Department Director. If your application is approved, a certificate stating you are tribally licensed foster parents will be mailed to you.

Each person living in your home, age 16 and over is required to fill out the Authorization for Release of Information and the Clearance for Placement, (pages 15-18). You may need to copy one or more sets of these forms depending on how many people live in your home age sixteen or older. In addition each person, age sixteen years old or older, is required to submit a criminal history report. These are acquired at the Public Safety Office. The cost for each report is \$20.00. When you submit your criminal histories and receipts to NVB Social Services Department Office, we will request a reimbursement check be sent out to you within the next ten days.

We look forward to your joining us in serving children in need of foster care homes. You will find that caring for foster children will be a rewarding experience as you will make a difference in their lives as well as yours.

If you have questions concerning the application process, we encourage you to call the Social Services Department at Native Village of Barrow, 907-852-4411. If you know of friends or other family members interested in providing foster care also, please encourage them to contact us at the above numbers.

Sincerely,

Social Services Director

# APPLICATION FOR TRIBAL FOSTER CARE LICENSE

Applicant One

Applicant Two

Last Name, First, Middle Initial		Last Name, First, Middle Initial	
Tribal Membership	Social Security Number	Tribal Membership	Social Security Number
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone	E-mail Address	Cell Phone	E-mail Address

Mailing Address	City/Village	State	Zip Code
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Physical Address, if different from Mailing Address

**PERSONS LIVING IN THE HOUSEHOLD** (Include yourself, your children, and all adults over age 16)

<u>Name</u>	<u>Birthdate</u>	<u>Driver's License #/State</u>	<u>Soc. Security #</u>	<u>Relationship</u>
1.				
2.				
3.				
4.				
5.				

Have the applicant(s) or any member of the household had any domestic violence or substance abuse problem or a serious physical or mental health problem that could endanger the health, well-being, or safety of children?

No  Yes  If yes, attach an explanation..

**APPLICANT CERTIFICATION AND SIGNATURE**

- I (we) certify that this information and any information given at a later date will be true, complete, and accurate.

APPLICANT SIGNATURE	DATE	APPLICANT SIGNATURE	DATE
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FOSTER CARE:

Please indicate the sex and age of child you would be willing to care for:

Boy  Girl  Both

Age Range: 0-2  3-5  5-10  10-15  15-18  Any

Number of children you would be able to care for: \_\_\_\_\_

Would you be willing to care for a child with special needs? Yes  No

If yes, which of the following special needs would you be able to care for?

- |                         |                          |                           |                          |
|-------------------------|--------------------------|---------------------------|--------------------------|
| Developmentally Delayed | <input type="checkbox"/> | Physical/Motor Disability | <input type="checkbox"/> |
| Fetal Alcohol Syndrome  | <input type="checkbox"/> | Fetal Alcohol Affected    | <input type="checkbox"/> |
| Sexually Abused         | <input type="checkbox"/> | Physically Abused         | <input type="checkbox"/> |
| Neglected               | <input type="checkbox"/> | Drug Affected             | <input type="checkbox"/> |
| Hearing Impaired        | <input type="checkbox"/> | Vision Impaired           | <input type="checkbox"/> |

Please indicate the length of time you are willing to provide foster care:

Emergency foster care up to one month

Short-term care: 2-3 months  3-6 months

Long-term care: 6-9 months  9-12 months  longer than 12 months

ADOPTION

Are you interested in adopting a child? Yes  No

If yes, please state your sex and age preference:

Boy  Girl  Both

Age Range: 0-2  3-5  5-10  10-15  15-18  Any

Are you interested in adopting a child with special needs? Yes  No

If yes, which of the following special needs would you be able to care for?

- |                         |                          |                           |                          |
|-------------------------|--------------------------|---------------------------|--------------------------|
| Developmentally Delayed | <input type="checkbox"/> | Physical/Motor Disability | <input type="checkbox"/> |
| Fetal Alcohol Syndrome  | <input type="checkbox"/> | Fetal Alcohol Affected    | <input type="checkbox"/> |
| Sexually Abused         | <input type="checkbox"/> | Physically Abused         | <input type="checkbox"/> |
| Neglected               | <input type="checkbox"/> | Drug Affected             | <input type="checkbox"/> |
| Hearing Impaired        | <input type="checkbox"/> | Vision Impaired           | <input type="checkbox"/> |
| Other:                  | <input type="checkbox"/> |                           |                          |

# PLAN FOR TRIBAL FOSTER CARE

## PARENTING:

1. What do you think are some of the most important things parents should do in raising their children?

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2. What do you think parents should avoid doing in raising their children?

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3. a) How will you ensure that a foster child(ren) is adequately supervised and cared for should you go on a trip? b) Who will take care of the child(ren) should you travel out of the area?

a)

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b)

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4. If you will be caring for relative children, please indicate your relationship to that child. Indicate if the relationship is maternal or paternal. \_\_\_\_\_

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**BACKGROUND INFORMATION**

*Applicant One*

Applicant Name	Tribal Membership
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**EDUCATION:**

Highest Grade Completed:

1  2  3  4  5  6  7  8  9  10  11  12  H.S. Diploma  GED

College: 1  2  3  4  5  Degree: Yes  No

Training Completed: \_\_\_\_\_

Certificate: Yes  No  If yes, what year? \_\_\_\_\_

Other training: \_\_\_\_\_ Skill learned: \_\_\_\_\_

What would you like to learn more about or receive training in? \_\_\_\_\_

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

**FAMILY BACKGROUND:**

Please tell us something about the people who raised you and what values you learned from them. Are these values still important to you?

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

Are you raising your children the same way you were raised? If different, how?

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

(Applicant One Background Continued)

If you have children, please describe them: ages, personalities, favorite activities.

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Have you talked to your children about having a foster child in your home? What do they say/feel about having other children in the home?

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How do you teach your children responsibility?

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**BACKGROUND INFORMATION**

*Applicant Two*

Applicant Name	Tribal Membership
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**EDUCATION:**

Highest Grade Completed:

1  2  3  4  5  6  7  8  9  10  11  12  H.S. Diploma  GED

College: 1  2  3  4  5  Degree: Yes  No

Training Completed: \_\_\_\_\_

Certificate: Yes  No  If yes, what year? \_\_\_\_\_

Other training: \_\_\_\_\_ Skill learned: \_\_\_\_\_

What would you like to learn more about or receive training in? \_\_\_\_\_

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**FAMILY BACKGROUND:**

Please tell us something about the people who raised you and what values you learned from them. Are these values still important to you?

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Are you raising your children the same way you were raised? If different, how?

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(Applicant Two Background Continued)

If you have children, please describe them: ages, personalities, favorite activities.

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Have you talked to your children about having a foster child in your home? What do they say/feel about having other children in the home?

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How do you teach your children responsibility?

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## FINANCIAL SUPPORT

I/We support our family by participating in the following subsistence activities (check all that apply):

Hunt  Fish  Pick Berries  whaling other: \_\_\_\_\_

What is your primary source of cash income? (check all that apply)

Full-time Job  Part-time Job  Seasonal Job  Employer: \_\_\_\_\_

Are you receiving ASAP, SSI, or General Assistance? Yes  No  If yes, specify: \_\_\_\_\_

Other income: \_\_\_\_\_

About how much cash do you earn from all of the above activities in a year?

\$0-\$10,000  \$10,000-\$20,000  \$20,000-\$30,000  \$30,000-\$40,000  Over \$40,000

## COMMUNITY RESOURCES

What meetings or local gatherings have you attended during the past year?

Tribal Council Meetings  Church Services  Social Meetings  City Meetings  School Meetings

Potlatches  Bingo  Other gatherings: \_\_\_\_\_

Do you volunteer in the community? Yes  No  If yes, where \_\_\_\_\_

## REFERENCES

Please list four people, three of whom are not related to you, that have known you for two years or more that NVB Social Service Staff can contact to talk about your application to become a licensed Tribal foster parent: List name, phone number, and Tribal Membership.

Name	Mailing Address/Phone Number	Tribal Membership
1.		
2.		
3.		
4.		

# PROVIDER AND HOME SAFETY CHECKLIST

## PROVIDER

1. I am 18 years of age or older. Yes  No
2. I will provide NVB Social Services Foster Parent Program with a criminal background check which is current within 6 months of my foster care application.  
Yes  No
3. I will provide NVB Social Services Foster Parent Program with a health examination report, if requested, signed by my doctor which is current within one year to my foster care application for me and for any other adult in daily contact with the children in my home. Yes  No
4. I will have completed, or will have begun the required NVB Social Services Foster Parent Program foster care training within (check one): 30 days  60 days
5. All members of my household shall be in good physical health and will not pose a risk to the health, safety, or well-being of children placed in my home. Yes  No
6. All members of my household shall be in good mental health and will not pose a risk to the health, safety, or well-being of children placed in my home. Yes  No
7. All members of my household shall not hit, spank, shake, or use any form of physical punishment, or any discipline which is frightening to the child, nor will we call the child names that hurt or threaten him/her.  
Yes  No
8. I will be aware of each child's location at all times and will protect all children in my care. Yes  No

## HOME

1. Each floor in my home has at least 1 unblocked exit and 1 smoke detector. Yes  No
2. I will provide each room used by children with heat, light, and ventilation which is safe and comfortable for them. Yes  No
3. I will make sure my home and outside play area(s) are free from safety hazards. Yes  No
4. I have the following items out of a child's reach or locked up: litter and rubbish  guns  knives, scissors, and other sharp objects  cleaning supplies  plastic bags  medication/drugs  matches, cigarette lighters, and other flammable items
5. Pets in our home are tolerant and have current rabies shots. Yes  No  List animals in the home:  

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6. The outdoor play area is free from safety hazards. Yes  No
7. Floors and walls are cleaned and maintained in a condition safe for children. Yes  No
8. My home has at least one class 2-A-10BC (or larger) fire extinguisher in the kitchen which is readily accessible and maintained in an operable condition. Yes  No
9. I have provided a fire escape plan to the NVB Social Services Foster Parent Program. Yes  No
10. Combustible and flammable materials are not stored in water heater rooms, furnace sources (stoves) and are stored in a safe place. Yes  No
11. There are at least two means of exiting the location where foster care will be provided. Yes  No
12. Toys and objects (including high chairs) are safe, durable, non-toxic, and easy to clean. Yes  No
13. Diaper changing and/or toileting will not be done in food preparation areas. Yes  No

Through completion of this application, I hereby request to be considered as a Tribally Licensed Foster Care Provider and certify that the above information is true to the best of my knowledge.

Name of Applicant	Name of Applicant
Signature of Applicant	Signature of Applicant
Date	Date

# TRIBAL FOSTER PARENT PROGRAM PROVIDER AGREEMENT

I/We \_\_\_\_\_, have read and agree to abide by the following Tribal Foster parent rules and guidelines:

I/We agree:

To maintain a home free of substance abuse and violence.

NOT to use corporal punishment or withholding of visitation with family members as disciplinary measures.

To contact the Tribal Court and, Social Service Department immediately if there are any changes in address, phone number, household members, physical health, mental health, or any member of the household's criminal status.

To contact the Tribal Court and, Social Service Department immediately if problems occur in the home that could affect the health, well-being, and safety of children placed in the home.

To request approval from the Tribal Court and, Social Service Department, if our foster child(ren) will need temporary care (such as a weekend or longer child-care situation.)

To follow-up with all services recommended by the Tribal Court for the child(ren) placed in the home.

To use foster care payments exclusively to meet the child's needs, including but not limited to food, shelter, clothing, recreation, and allowance.

To provide the Tribal Court with periodic reports on the child(ren)'s progress: education (school reports), medical, dental, and counseling. To have the child(ren) receive a health screening (Early Prevention Development Screening Test (EPDST)/Physical. Maintain schedule of childhood immunizations.

To not talk about the child's personal information with people other than those identified by the Tribal Court/Council. And not to discuss the child's situation, among yourselves, within the child's hearing distance. (This includes all ages from infancy and up.)

**I/WE UNDERSTAND THAT SHOULD ANY ACTIONS BY ANYONE IN THE HOME VIOLATE THIS AGREEMENT; THE CHILDREN PLACED IN THE HOME WILL BE REMOVED.**

Applicant

Date

Applicant

Date

# **FIRE ESCAPE PLANNER**

Plan ahead to save your family. If a fire starts, smoke and heat can kill you unless you have planned in advance how to escape quickly. Creating a plan ahead, in the event of an emergency, will prevent panic and lead you to safety.

## **SAFETY PLAN AND PRACTICE ACTIVITIES**

A good safety plan requires the following:

- A smoke detector on each level of your home.
- A fire extinguisher on each level of your home.
- An escape route marked on your floor plan.
- A specific place your family will meet, outside the home, if there is an emergency.
- Have a plan in place for everyone to evacuate the home within 150 seconds, including children who cannot get out by themselves. Sleep with bedroom doors closed. (They will hold back deadly smoke.
- Test smoke alarms once monthly, this way everyone will know what they sound like.
- Teach your family to test doors before opening them, and to use an alternate escape if the door is hot. If the door is cool they should know to open cautiously and if smoke or heat rushes toward them to shut the door and use alternate means of escape.
- Crawl low under smoke.
- STOP, DROP & ROLL if clothes catch on fire.
- Get out fast, 150 seconds or less.
- Gather at your meeting place to determine if everyone is safely out of the home.
- Never, never, never...go back inside once you are out.
- Call the fire department from the neighbor's home.

In addition to the above plan, you should practice your escape plan monthly. Practices should be done at different times of the day using alternating exits. This will build self confidence in all family members should a real emergency arise.

### **Floor Plan of Home**

In space provided on the next page, please draw a diagram of your home. Draw a floor plan sketch and label each room, ie. "kitchen." Indicate position of all doors and windows. Also, show and label the location on the outside of the home where your family will gather if there is an emergency



Native Village of Barrow  
Tribal Foster Parent Program  
PO Box 1130  
Barrow, Alaska 99723  
Phone: 907-852-4411 Fax: 907-852-4413

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize the Office of Children's Services to release the following:

- a) information pertaining to any open child abuse investigation in which I have been identified as the alleged perpetrator, and
- b) dates of any substantiated reports of harm in which I have been identified as the perpetrator of child abuse and or neglect, and
- c) dates of any negative licensing actions.

Last Name Printed \_\_\_\_\_ First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Complete a separate form for each foster parent and household member age 16 and older. The application provides only two Authorizations for Release of Information forms. You may need to make extra copies.)

<b>Space below this line will be filled out by the Office of Children's Services</b> *****	
Is the applicant identified as the alleged perpetrator in a substantiated Report of Harm or as a perpetrator in an open child abuse or neglect case? _____Yes _____No	
Has the applicant ever been licensed? _____Yes _____No	
Were there any negative licensing actions? _____Yes _____No	
Signature and title of person completing the OCS portion of this form: _____	
Printed Name _____	_____
Signature _____	Date _____

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- e) dates of any substantiated reports of harm in which I have been identified as the perpetrator of child abuse and or neglect, and
- f) dates of any negative licensing actions.

Last Name Printed \_\_\_\_\_ First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Complete a separate form for each foster parent and household member age 16 and older. The application provides only two Authorizations for Release of Information forms. You may need to make extra copies.)

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Has the applicant ever been licensed? _____ Yes _____ No	
Were there any negative licensing actions? _____ Yes _____ No	
Signature and title of person completing the OCS portion of this form: _____	
Printed Name _____	
Signature _____	Date _____



# CLEARANCE FOR PLACEMENT

(Complete a separate form for **each foster parent and household member age 16 and older**. The application provides only two clearances for placement forms. You may need to make extra copies.)

Last Name	First Name	Middle Name	
Date of Birth	Sex	Social Security Number	
Address	City	State	Zip Code
Aliases, Maiden Name, Previous Married Name(s)		Driver's License Number	
<p>Have you been previously licensed to care for a child(ren)?          No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, indicate city, state and type of care and dates of licensure: _____          _____</p> <p>Have you ever had a license to care for children revoked or denied in Alaska or any other state?          No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, attach an explanation.</p> <p>Have you ever been investigated for child abuse or neglect?          No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, attach an explanation.</p> <p>Do you have a physical, health, mental health, or behavior problem that might pose a risk to the health safety, or well-being of children?          No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, attach an explanation.</p> <p>Do you have a domestic violence problem or an alcohol or other substance abuse problem that might pose a risk to the health, safety, or well-being of children?          No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, attach an explanation.</p> <p>Have you been convicted of or charged with a crime involving an imitation or controlled substance, violence, sexual assault, molestation, exploitation, arson, prostitution, or crimes against persons?          No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, attach an explanation.</p>			

I authorize NVB Social Service Department to review criminal justice, protective service, and licensing records and to share this information with the applicant/licensee. I certify the contents of this form and information provided with it are true, accurate, and complete.

\_\_\_\_\_  
Signature of Applicant/Adult Household Member

\_\_\_\_\_  
Date

# CLEARANCE FOR PLACEMENT

(Complete a separate form for **each foster parent and household member age 16 and older**. The application provides only two clearances for placement forms. You may need to make extra copies.)

Last Name	First Name	Middle Name	
Date of Birth	Sex	Social Security Number	
Address	City	State	Zip Code
Aliases, Maiden Name, Previous Married Name(s)		Driver's License Number	
<p>Have you been previously licensed to care for a child(ren)?          No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, indicate city, state and type of care and dates of licensure: _____          _____</p> <p>Have you ever had a license to care for children revoked or denied in Alaska or any other state?          No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, attach an explanation.</p> <p>Have you ever been investigated for child abuse or neglect?          No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, attach an explanation.</p> <p>Do you have a physical, health, mental health, or behavior problem that might pose a risk to the health safety, or well-being of children?          No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, attach an explanation.</p> <p>Do you have a domestic violence problem or an alcohol or other substance abuse problem that might pose a risk to the health, safety, or well-being of children?          No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, attach an explanation.</p> <p>Have you been convicted of or charged with a crime involving an imitation or controlled substance, violence, sexual assault, molestation, exploitation, arson, prostitution, or crimes against persons?          No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, attach an explanation.</p>			

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\_\_\_\_\_  
Signature of Applicant/Adult Household Member

\_\_\_\_\_  
Date