**APPLICATION FOR**

**FOSTER HOME**

**CARE**

TRIBE SOCIAL SERVICES

**APPLICATION FOR FOSTER HOME CARE**

FOR OFFICE USE ONLY:

Date Applied:\_\_\_\_\_\_\_ Pending:\_\_\_\_\_\_\_ Date Approved:\_\_\_\_\_\_\_\_ Date Denied\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  Social Services Department

 Address

 (PHONE) ◊ (FAX)

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

Governor Lieutenant Governor

APPLICATION FOR FOSTER HOME CARE

**I. General Information:**

Full Name of Foster Mother Applicant:

Full Name of Foster Father Applicant:

Home Phone Cell Phone(s)

Address

City State Zip

Directions to home and description of house: \_\_\_\_\_\_\_\_\_\_\_\_

**II. Identification Information:**

1. All adults (***18yrs or older***) living in the home including foster parent(s)

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| --- | --- | --- | --- | --- | --- |
| Name | Date of Birth | SocialSecurity # | DriversLicense # | TribalEnrollment # | RelationshipTo Applicant |
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1. Please fill out for each adult living in the home (***ask for additional forms if needed***):

Name: Nationality/Tribe: Religious Affiliation: Highest Level of Education:

 Current Job Title: Employer:

 Work Phone: Email:

 Length of Present Employment:

Current work schedule: How often does your work schedule change?

Circle One: Married / Single / Divorced / Widowed / Domestic Partnership

Date of current marriage: Significant Other:

Name: Nationality/Tribe: Religious Affiliation: Highest Level of Education:

 Current Job Title: Employer:

 Work Phone: Email:

 Length of Present Employment:

Current work schedule: How often does your work schedule change?

Circle One: Married / Single / Divorced / Widowed / Domestic Partnership

Date of current marriage: Significant Other:

1. All children (***under 18yrs old***) living in the home:

Name Date of Birth Social Security # School and Grade Tribal Enrollment #

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1. All children living outside the home (***regardless of age***):

 Name Date of Birth Social Security # School/Work Home Address Tribal #

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**III. Home Environment:**

How many bedrooms are in the home# Bathrooms#

Does your home have an outside, fenced in area?

How long have you lived at your current residence?

Do you have (***Please Circle***): If No to any, please explain:

 Electricity? YES/NO

 Gas? YES/NO

 Water? YES/NO

Languages spoken in the home:

Do you have any pets? If so, what kind:

Do you own a car(s)? If so, vehicle year and make:

 vehicle year and make:

 vehicle year and make:

If not, what is your means for transportation?

What are your family’s main interests and activities?

Do you belong to any social organizations? If so, please identify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. Family Life:**

1. Childcare (***Please Check Each that Applies):***

 I/We take care of my/our own children in the home.

 I/We use a private babysitter to take care of my/our children. His/her name is , relationship (if any) is .

 My/Our children attend daycare on these days .

 All my/our children attend school. When they are not in school they are cared for by \_\_\_\_\_\_\_\_\_\_\_

1. Parenting:

 What type of discipline methods do you use on your children:

In your own words, describe how you parent (ie. responsibilities, expectations, etc.):

1. Marriage/Relationship:

 It is not uncommon for couples to experience conflict within their relationship. You are not expected to be in a perfect relationship. Please answer the following questions honestly in order to show how you and your significant other relate to each other.

Are you happy/satisfied with your current marriage/relationship (***Check One***)?

 Very Much

 Average

 Fair

\*Would you and your significant other be interested in receiving counseling services to help with the adjustment of being foster parents?

Regarding decision making and planning in your home (Please Check One):

 I make all or most of the decisions

 My spouse/significant other makes all or most of the decisions

 My spouse/significant other and I make all or most of the decisions together.

1. Health:

Do you or any member of your family have any major health concerns currently or in the past? \_\_\_\_\_ YES \_\_\_\_\_\_ NO If yes, please explain (person, issue, & meds): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you or any member of your family currently taking any prescribed medications? If yes, what medications and why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you currently have medical insurance? YES NO

Who is your family’s primary care provider? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consume any alcoholic beverages? If yes, which ones and how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Household Income:

 Monthly Wages:-------------------------$

 Monthly Benefits:-----------------------$

 *(ie. SSI, SS, Retirement, Unemployment)*

 Other Monthly Income:----------------$

 Total: $

1. Household Bills:

 Monthly Vehicle Payment-------------$

 Monthly Credit Card Payments-------$

 Monthly Mortgage/Rent---------------$

 Monthly Food Expenses---------------$

 Monthly Utilities------------------------$

 Monthly Auto and Home Insurance--$

 Monthly Phone Payment---------------$

 Monthly Internet Payment-------------$

 Monthly TV Services-------------------$

 Monthly Loan Payments---------------$

 Other Debt-------------------------------$

 Total: $

**VI. References:**

 *Please list three people for character reference (preferably unrelated)*

1. Name:

 Phone number:

 Address:

Occupation:

How do they know you?

How long have they known you?

1. Name:

 Phone number:

 Address:

Occupation:

How do they know you?

How long have they known you?

1. Name:

 Phone number:

 Address:

Occupation:

How do they know you?

How long have they known you?

**VII. Background Check**

Have you or any member of your family ever been arrested?

If yes, please complete the following:

Name Date Charge Location Arresting Agency Conviction?

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By signing below, I agree that all of the above information is true and correct to the best of my knowledge.

Print Name:

Signature: Date:

Print Name:

Signature: Date:

**FOR OFFICE USE ONLY**

Date Applied Date Approved Date Denied

Authorized Representative Signature

 Print Name and Title