



**SILETZ INDIAN CHILD WELFARE DEPARTMENT**  
201 SE Swan Ave. • PO Box 549  
Siletz, OR 97380  
(800) 922-1399 or (541) 444-2532

Dear Prospective Foster Home Applicant(s):

The Confederated Tribes of Siletz Indians of Oregon Indian Child Welfare Program appreciates the interest your family exhibits in obtaining status as a foster care home. To assist you with this pursuit, we have enclosed the following forms for completion before further action ensues:

1. **Foster Home Application:** To be completed and *signed* by the individual(s) desiring status as a foster care provider for the Siletz Tribe.
2. **Attachments to Foster Home Application:**
  - Consent for Criminal Records Check:** To be completed and *signed* by **all adult(s)** 18 years of age or older, living in the household. **(Please include employees and volunteers who frequently visit the household).**
  - Discipline Agreement:** To be completed and *signed* by the individual(s) desiring status as a foster care provider for the Siletz Tribe.
  - Weapons Agreement:** To be completed and *signed* by the individual(s) desiring status as a foster care provider for the Siletz Tribe.
  - Foster Parent Agreement:** To be completed and *signed* by the individual(s) desiring status as a foster care provider for the Siletz Tribe.
  - Confidentiality Agreement:** To be *signed* by the individual(s) desiring status as a foster care provider for the Siletz Tribe. *To be signed with an ICW representative present to witness the signature.*
  - Disaster Plan and Emergency Contacts:** To be completed and signed by the individual(s) desiring status as a foster care provider for the Siletz Tribe.
  - Foster Parent Questionnaire:** To be completed by the individual(s) desiring status as a foster care provider for the Siletz Tribe.
3. Please submit a copy of **driver's licenses** and **automobile insurance** for any persons over the age of 18 who are living in the home.
4. Please submit a copy of **social security cards** for any persons over the age of 18 who are living in the home.

If you have further questions or concerns regarding this process please do not hesitate to contact this office immediately at 1-800-922-1399. After ICW has received your signed forms and has run the criminal background checks, an appointment will be made to come visit your home. **All people who reside in the home will be required to be at the home visit.**

Sincerely,  
*Siletz ICW Staff*



SILETZ INDIAN CHILD WELFARE DEPARTMENT  
FOSTER HOME APPLICATION

DATE: \_\_\_\_\_

**PART I: APPLICANT INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

*City*

*State*

*Zip*

Physical Address: \_\_\_\_\_

\_\_\_\_\_

*City*

*State*

*Zip*

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**PART II: INTRODUCTORY QUESTIONNAIRE**

**A. FAMILY HISTORY**

1. Please explain why you are interested in becoming a foster parent(s):

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

2. Do you possess prior experience as a foster parent or caring for a relative's child(ren)?

Yes  No If yes, please describe the experience:

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

3. Were you certified for foster care previously?  Yes  No

If so, for what state/county:

\_\_\_\_\_

4. How many children are presently in the home at this time? List their names and birth dates:

Child's Full Name

Date of Birth:

1.

\_\_\_\_\_

2.

\_\_\_\_\_



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- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

5. Are you presently employed outside the home?  Yes  No If yes, please state your employer and approximately how many hours you work per week (include roundtrip commuting time).

Name of employer (s): \_\_\_\_\_  
 Hours per week: \_\_\_\_\_ Address of employer(s): \_\_\_\_\_

6. Are you currently enrolled or eligible for enrollment with any federally recognized tribe?  
 No  Yes  
 If yes, please identify which Tribe.

7. Describe yourself and all interested parties:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. FOSTER CHILDREN TYPE**

1. Specify the age group of children desired.

	Age Group	Comments
<input type="checkbox"/>	0-5	
<input type="checkbox"/>	6-10	
<input type="checkbox"/>	11-13	
<input type="checkbox"/>	14-17	

2. Specify the gender of child desired:

Male  Female  Both

3. Are you willing to care for a physically and/or mentally disabled child/ren?  No  Yes  
 If yes, to what limits?

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



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**C. HOME TYPE**

1. Please provide a physical description of the home:

# of Rooms	Room Type	Brief Description (if applicable)
	Bathroom	
	Bedroom	
	Garage	
	Dining Area	
	Kitchen	
	Living Area	
	Playroom	
	Utility Area	
	Other	

2. Describe the play area in and outside the home (for younger children)?

Inside:

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Outside:

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3. Is a separate bed available for the foster child/ren?  No  Yes

**D. FIREARMS**

Are there any firearms in the home?  No  Yes If so, where are they located?

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**E. CRIMINAL HISTORY**

1. Please identify any arrests, convictions, and disposition of criminal charges including dismissal, sentence, confinement, release of probation, for all persons in the home 18 years of age or older.

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2. Please identify any out-of-state addresses any person in the home 18 years or older has resided in the past 5 years.

**F. REFERENCES**

1. Please state name, address, and phone number of at least four persons to serve as references of your morally upstanding character; three references must be non-relatives with whom you have been acquainted for at least two years. Please tell them in advance that you are using them as references, and they need to be willing to answer questions regarding your character and parenting ability.

NAME	ADDRESS	PHONE #

**G. YOUR QUESTIONS, CONCERNS, AND COMMENTS**

1. Please state any questions you have concerning foster care.

*The applicant and all interested parties must complete this section below; by signing and dating this document, you are affirming that all information given is complete and truthful to the best of your knowledge:*

**Full Name:** \_\_\_\_\_  
**BirthDate:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

\_\_\_\_\_  
*Signature of Primary Applicant* \_\_\_\_\_  
*Date*

**Full Name:** \_\_\_\_\_  
**Birth Date:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

\_\_\_\_\_  
*Signature of Interested Party* \_\_\_\_\_  
*Date*