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Nez Perce Tribe
Social Services Department
Foster Home/Respite Care License
Application



**NEZ PERCE SOCIAL SERVICES DEPARTMENT
CHILD PROTECTION SERVICES
271 B Street; P.O. Box 365 Lapwai, ID 83540
208-843-7302; Fax: 208-843-9401**

Dear Prospective Foster Home,

Thank you for your interest in becoming a licensed foster home. The process you will undertake may seem long and cumbersome but these policies are in place to best protect our children.

When it becomes necessary for the Nez Perce Tribe Child Protection Services Department to place children in out-of-home care, it is our responsibility to license and supervise those placements to ensure that those foster homes are providing safe, nurturing homes that are in the best interests of our children. The goal of foster care is to provide a safe, stable, and nurturing environment until the child can be reunified with their parents or permanent placement is established.

A licensed foster care family is one that meets the basic standards of safety set by Federal Regulations and Nez Perce Tribal Code. The foster family/home is one that is recommended and approved by the Foster Home Licensor/Educator. This information then goes to the Director of Indian Child Welfare for the Nez Perce Tribe where all the information on the application, the home study and home safety check is reviewed and evaluated. The process is renewed every two (2) years.

Requirements to become a licensed foster home are:

Applicant:

- Fill out the Foster Home Application **completely and truthfully.**
- Follow the instructions for the Criminal History and Background Check - Idaho Department of Health and Welfare Fingerprint and Background Checks. (List all the adults in the home.)

CPS Department - Foster Home Licensor/Educator:

- When the application is turned in and reviewed, a Home Study and Home Safety Check will be scheduled.
- Orientation describing the roles & responsibilities of becoming a foster home will be given by either the casework or foster care licensor/educator.

Foster Care Application Checklist

Below is a checklist for your application. Please ensure that you have all items filled out entirely or have read, reviewed and provided a signature on all necessary paperwork.

If you need assistance with any item on the checklist, please feel free to call the Child Protection Office at 208-843-7302

	ITEMS NEEDED	
	Standards, Rules & Regulations Agreement (signature required)	
	Applicant Information	
	Background Information	
	Family/Household Information	
	Criminal History Information	
	Adam Walsh Child Abuse & Neglect Records IDHW	
	Criminal History & Background Check (<i>appointment required for background check and fingerprinting</i>)	
	Personal Financial & Budget Information	
	Discipline Policy & Agreement (<i>signature required</i>)	
	Confidentiality Policy and Oath (<i>signature required</i>)	
	Release of Confidential Information (<i>signature required</i>)	
	Application Agreement (<i>signature required</i>)	
	Medical Information (<i>medical signature required</i>)	
	Drug Testing Policy (<i>signature required</i>)	



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Standards, Rules and Regulations

Standards

The Nez Perce Tribe Social Services/Child Protection Department has put forth obligations in efforts to support licensed foster homes providing care for children of the Nez Perce Tribe, or any other federally recognized tribal members within the boundaries of the Nez Perce Indian Reservation. The following are common practice procedures for foster families.

Home Study/Home Safety Check: The licensing of any home for the Nez Perce Tribe must include both a home study and a home safety check to be completed by the Foster Home Licensor/Educator or any delegated staff of Nez Perce Tribe Child Protection Staff. A **Home Study** consists of an interview to gather information about the family history and current family dynamics. A **Home Safety Check** is performed to ensure the home is safe according to tribal, state and federal guidelines. It is important to know neither of these are performed to check cleanliness or organization of the home, but rather to document the home has fire escape plans, smoke detectors, carbon monoxide alarms, adequate space, heating, running water and other various safety measures.

Home visits: Nez Perce Tribe Child Protection staff are mandated to make monthly contacts with foster families in their home, if children are currently placed there. These visits are subject to be completed at any time, with or without notice. It is important to know that if children under the care and supervision of the Nez Perce Tribe are placed in any foster home, staff are granted full access to that home at any time in order to also make their monthly **child contact**. Denial of access to the home at any time, for any reason, could result in immediate removal of the children.

Drug Testing: Please refer to the Drug Testing Policy, which also requires signature of acknowledgement.

Financial compensation: Licensed foster homes are eligible for financial support, by the means of monthly payment, for children currently in their care. Payment is based on the age and need of each child. These funds are allocated through grant funding, with the Nez Perce Tribe providing supervision of those funds.

- Bureau of Internal Affairs
- The Nez Perce Tribe
- Temporary Assistance for Needy Families – Child Only

Financial compensation issued to the foster home is not allocated to serve as a monthly allowance for older children/teens or expected to be deposited into a savings account for younger children/infants. These funds are meant to spend in good faith efforts to provide support for the children in care, i.e. groceries, clothing, hygiene products, school activities, or any other household need deemed appropriate by the licensed foster provider.

Emergency support is available in special circumstances. In the Child Protection Office, personal hygiene and household cleaners and other supplies are available upon request. This also includes infant supplies, diapers,

wipes and bottles. Additional support comes in the form of emergency food boxes from Nez Perce Tribe Commodity Foods, or a gift card from a designated vendor for food, gas or household supplies.

Medical, Dental, Mental and Spiritual Health: When children are initially brought into the care and custody of the Nez Perce Tribe, they are immediately screened to ensure their physical and mental needs are being met. Licensed foster homes are expected to ensure children in their care continue receiving any and all services recommended by a service provider. These services include, but are not limited to:

- Medical services, which may include specialists outside the boundaries of the Nez Perce Indian Reservation
- Dental services
- Vision services
- Behavioral Health/Counseling services
- Cultural Practices, which may include Sweat Lodge, Long House/7 Drum Services, and funeral services

If at any time, foster parents feel like they are unable or unwilling to transport the children in their care, Nez Perce Tribe Social Services requests that a Transport Request be completed and turned into their assigned caseworker (3) three days before the known appointment. Exceptions to the (3) three day notice are based on situations beyond the control of the foster family.

Fair and Prudent Parenting: Licensed foster parents for the Nez Perce Tribe are granted permission to seek childcare from any persons or individuals whom they would also leave their biological children. This child care is expected to be limited in hours and not to exceed (24) twenty four hours of continuous care. If childcare is expected to be needed over night at any time, Nez Perce Tribe Social Services must be notified immediately. A child in the care and custody of the Nez Perce Tribe may only be allowed to stay overnight with another licensed foster home/respite care provider. A list of these providers are available upon request of the foster parents.

Respite Care: Respite care services are available at any time a request is submitted to the foster families Resource Caseworker. A respite care request must be submitted as soon as it is known that support is needed, leaving at least (3) three business days' notice. Exceptions are made in emergency situations only. Please note that respite care is available through the Nez Perce Tribe Children's Home ONLY if there is space available in the home.

Resource Peer Mentor (RPM): The Nez Perce Tribe strives to ensure licensed foster homes feel supported in their journey of fostering. A prerequisite of a Resource Peer Mentor includes experience in fostering for the Nez Perce Tribe. An RPM is available to foster parents when they need assistance or support in any of the following areas:

- Communication with their designated Resource Caseworker
- Connection with Resources in the Community
- Foster Care Support Groups
- Verbal consultation in regards to behaviors of the children
- Information on Cultural Activities in the community

Parent/Family Contact: All contact between children in care of the Nez Perce Tribe and their biological family is to be monitored. The Child Protection Department has a process and approximate timeline to monitor visits between the children and their families; the process and timeline will vary case to case with recommendation from Nez Perce Tribe Law Enforcement. In general, visits are to be supervised by a Resource Caseworker until unsupervised visits are recommended by that caseworker and approved by Nez Perce Tribal Courts. The supervision of visits, is at no time, the responsibility of the licensed foster parents; however, in some cases if the licensed foster parents are comfortable with supervising visits, the Director of Indian Child Welfare may approve this.

Non-Compliance: It is mandatory for all licensed foster homes to be in compliance with the before mentioned standards. If non-compliance is found, depending on the severity of the infraction of the standard, the following procedure will be enforced:

1. Oral warning of non-compliance
2. Written warning of non-compliance, with notice to also be communicated with Nez Perce Tribal Prosecutor
3. Termination of Foster Care License for the Nez Perce Tribe.

Rules and Regulations

The Nez Perce Tribe Social Services/Child Protection Department has put forth the following Rules and Regulations in efforts to offer equal services and opportunities to all foster homes licensed by their department.

Access to Resources: To prevent abuse of resources, the following are required to be in compliance with the before mentioned Standards.

- **Gas Cards** – When seeking support for transportation, the individual(s) requesting a gas card must provide their driver’s license as well as the registration and proof of insurance on the vehicle they will be transporting in. Failure to do so, will result in the gas card being withheld until requested documentation is obtained.
- **Food/Gift Cards** – An emergency food box must be sought from Nez Perce Tribe Commodity Foods first. It is then expected that food purchased on a gift card from any selected vendor to be healthy and in compliance with any and all doctor recommended health plans for the children in care. A receipt must be returned to the assigned Resource Caseworker or any Child Protection Staff for review. This receipt must reflect healthy food choices for snacks, meal preparation or supplies needed for the home in which children are placed. Failure to do so may result in denying future request for food/gift card requests. The assigned Resource Caseworker for the children may also be required to obtain a shopping list from the foster family and obtain those listed items.
- **Clothing/Supplies/Furniture** – Nez Perce Tribe Social Services and the designated RPM for the Nez Perce Tribe has a list of resources for many items that may be needed when children come into a foster home. These supplies will be expected to follow the children if any displacement occurs during the life of the case and/or when reunification with biological parents occur. Those supplies may consist of:
 - **Dressers**
 - **Beds/Bunkbeds/Mattresses**
 - **Car Seats**
 - **High Chairs**
 - **School Supplies/Back Packs**
- **Purchase Orders** – Allocated funds have been designated to provide supplies to children in care of the Nez Perce Tribe. Purchase orders will be delegated and distributed by the Resource Caseworker after approval from the Director of Indian Child Welfare. If a purchase order is approved and delivered, a receipt of all purchased items must be returned to the Resource Caseworker. This receipt will be reviewed and is then required to be turned into the Nez Perce Tribe Finance Department for review. Purchase Orders are intended for the children in care ONLY. Abuse of these purchase orders, (i.e. bartering, purchases made for other children/adults in the home, items not listed on the purchase order, alcohol, tobacco...) may result in withholding or denying requests for future funding.

Bartering of supplies or resources provided to licensed foster homes is NOT permitted. This includes the selling of clothing or supplies by personal contact or any buying, selling or trading website, including but not limited to Facebook. Foster parents are expected to refer to their RPM or assigned Resource Caseworker with any and all items that children have outgrown while in their care.

Parent/Family Contact: It is not permitted for children in the care and custody of the Nez Perce Tribe to have parent or other family contact without the prior knowledge and notification of the assigned Resource Caseworker. Visits are to be monitored or supervised by a designated Child Protection Staff until parents are in compliance with Nez Perce Tribal Courts and/or their case plan. It is the responsibility of the Resource Caseworker to communicate with licensed foster homes if visits are permitted without supervision.

Discussion of the Minor In Need Of Care Case is NOT permitted with the children in care. It is the responsibility of the Resource Caseworker to discuss any information regarding the case with a child who are deemed age appropriate.

Speaking negatively of a biological parent to, or in front of a child placed in a licensed foster home is NOT permitted, under any circumstance.



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Standards, Rules and Regulations Agreement

I/we, _____ and _____, make application for a foster home license at _____, as provided by the Nez Perce Law and Order Code 5-1-22 to 5-1-24.

Long Term:/ / Short Term:/ / Respite Care:/ / Twenty-four (24) hour care:/ /

I/we will cooperate with the home study. All information that is provided will be true and correct to the best of my ability.

I/we understand that a representative of the Department can make random visits of our home to determine whether we continue to be in compliance with the Standards.

I/We understand that if a license is issued, it is effective for twenty-four (24) months and must be renewed

I/We understand that our foster license may be revoked at any time if we are not in compliance with the Standards.

I/We consent to the release of information to the Social Services Department by any individual or agency which may have information that would affect our eligibility for a license to care for children. An exact copy of this consent shall be as valid as the original.

I/We will provide a copy of my Driver's license to the Department along with my application.

I/We have read and understand the Standards, Rules, and Regulations for the home that is to become licensed.

Applicant

Date

Co-Applicant

Date

For Office Use Only

Date of Application: _____

Date of Renewal: _____

Recommended for Approval: ____ Yes ____ No

Approved: _____

Date: _____

Application Information

Applicant

Name: _____ Date of Birth: ____/____/____
Maiden/Other Names Used: _____ SSN: ____-____-____
Tribe: _____ Enrollment#: _____
Home/Cellphone#: (____) _____ Work#: (____) _____
Physical Address: _____
Mailing Address: _____
Employer: _____ Job Title: _____

Co-Applicant

Name: _____ Date of Birth: ____/____/____
Maiden/Other Names Used: _____ SSN: ____-____-____
Tribe: _____ Enrollment#: _____
Home/Cellphone#: (____) _____ Work#: (____) _____
Physical Address: _____
Mailing Address: _____
Employer: _____ Job Title: _____

Directions to the Home:

Background Foster Care Information

Have you been a foster parent previously? ____ YES ____ NO

If yes, when? _____ where? _____

Are you a licensed foster family for any other agency? ____ YES ____ NO

If yes, for what agency? _____

Please indicate the number and age of children you would be interested in caring for:

Number: _____ Ages: _____ Sex: ____ Male ____ Female

Child(ren) Interested in Caring For

1. Name: _____ DOB: _____

Relationship to applicant: _____

2. Name: _____ DOB: _____

Relationship to applicant: _____

3. Name: _____ DOB: _____

Relationship to applicant: _____

4. Name: _____ DOB: _____

Relationship to applicant: _____

Reason for interest in these child(ren):

For Office Use Only

Approved for:

Number: _____

Ages: _____

Sex: _____

Kinship: _____

FAMILY/HOUSEHOLD INFORMATION

Members in the home:

Name:	DOB:	SSN:	Special Needs:
1. Applicant			
2. Co-Applicant			
3.			
4.			
5.			
6.			

Children out of the home:

Name:	DOB :	SSN:	Residence:
1.			
2.			
3.			
4.			
5.			
6.			

Others living in the household:

Name:	DOB:	Occupation:	Relationship:
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Criminal History Information

Idaho Department of Health & Welfare Criminal History & Background Check

Have any members of your family, residing in the home, been convicted any of the following crimes?

Yes No

If yes, please stop filling out the application and notify the Agency.

Disqualifying Offenses – Permanent: If you have a conviction or withheld judgement as an adult or juvenile of any of the disqualifying offenses, or some findings on the child abuse or nurse aide registry, regardless of how long ago it occurred: you need to tell your agency because you will be excluded and will not pass the background check. You should not apply if you have these crimes or if you are listed in those registries at the disqualifying level.

- Abuse, neglect, or exploitation of a vulnerable adult
- Child Abuse Registry listing Level 1 or 2
- Crimes against nature
- Forcible sexual penetration by the use of a foreign object*
- Incest*
- Injury to a child, felony or misdemeanor
- Kidnapping
- Mayhem
- Voluntary manslaughter, involuntary manslaughter, felony vehicular manslaughter
- Murder in any degree, or assault with intent to commit murder
- Negative findings on the Nurse Aide Registry
- Poisoning
- Possession of sexually exploitation material
- Rape, in any degree*
- Robbery
- Felony or first degree stalking
- Sale or barter of a child*
- Sexual abuse or exploitation of a child*
- Video voyeurism
- Enticing of children*
- Inducing individuals under 18 years of age into prostitution or to patronize a prostitute*
- Any felony punishable by death or life imprisonment
- Attempt, conspiracy, accessory after the fact or aiding and abetting to commit any of the Disqualifying Offenses
- Attempted strangulation,
- Felony Domestic Violence, or

Disqualifying Five-Year Offenses: Any felony not described on the permanent disqualifying offenses list. Any **felony** not listed in the permanent disqualifying crimes list;

Misdemeanor Domestic Violence, Failure to report abuse, abandonment or neglect of a child, Misdemeanor Forgery of and fraudulent use of a financial transaction card, Misdemeanor Forgery and counterfeiting, Misdemeanor Identify theft, Misdemeanor Insurance fraud, Misdemeanor Public Assistance Fraud, Stalking in the second degree, Misdemeanor Vehicular Manslaughter, Sexual Exploitation by a medical care provider, or Operating a certified family home without certification, or Attempt, conspiracy, accessory after the fact, or aiding and abetting to commit any of the disqualifying five (5) year crimes.



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DRUG TESTING POLICY

By signing and initialing this document, I/we, _____ affirm that I have read and understand the information provided.

I/We can be drug tested by mouth swab or urinary analysis at any time while the Nez Perce Tribe Social Services has placed children in my home. Tests may be administrated by the Foster Home Licensor, a Resource Caseworker, the Director of Indian Child Welfare or Social Services Manager or anyone delegated by the before mentioned staff. _____. This includes after regular business hours, weekends and holidays. _____

Oral drug tests will be performed in my home or in the office. Urinary analysis tests may be performed by Nez Perce Tribe Probation Department, Nez Perce Tribal Courts and/or Valley Drug Testing. _____

Valley Drug Testing
1311 G Street
Lewiston, ID 83501 _____

If I/we am/are required to report to NPT Probation/Courts or Valley Drug Testing, I/we have **FOUR** hours to complete the test. If I/we do not comply with a request for a drug test, it will be considered *positive* for ALL substances. The test will also be considered positive if it is found that I have tampered with my test in any way. _____

If I/we provide a positive drug test, I/we understand it will mentioned on court document, my current placement may be disrupted and there will be an immediate review of my license status for future placements. _____

Applicant Signature

Date

Co-Applicant Signature

Date



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Adam Walsh Child Abuse and Neglect Records Search

The federal "Adam Walsh" law requires that we obtain CPS records, search and background checks from every state you have lived in over the past five years. This is a requirement for every adult living in the home and/or on the property. We will **NOT** be able to complete your licensure without completion of this clearance process. Each state has different requirements, therefore you may be asked to complete an additional state-specific form in order for us to request a check in certain states. Please list every address you have lived at over the last five years and the dates during which you lived at those addresses, even if you have lived in Idaho the entire time. Thank you for your cooperation in this matter.

Applicant

Date Completed:

Name:		Social Security Number:	
Former Name(s)		Date of Birth:	
Current Street Address:		Dates You Lived There Start: End:	
City	County	State	Zip
Previous Street Address:		Dates You Lived There Start: End:	
City	County	State	Zip
Previous Street Address:		Dates You Lived There Start: End:	

City	County	State	Zip
Previous Street Address:		Dates You Lived There Start: End:	
City	County	State	Zip
Previous Street Address:		Dates You Lived There Start: End:	
City	County	State	Zip



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Co-Applicant

Date Completed:

Name:		Social Security Number:	
Former Name(s)		Date of Birth:	
Current Street Address:		Dates You Lived There Start: End:	
City	County	State	Zip
Previous Street Address:		Dates You Lived There Start: End:	
City	County	State	Zip
Previous Street Address:		Dates You Lived There Start: End:	

City	County	State	Zip
Previous Street Address:		Dates You Lived There Start: End:	
City	County	State	Zip
Previous Street Address:		Dates You Lived There Start: End:	
City	County	State	Zip

EDUCATION HISTORY

Applicant

Name of School	Location	Year Completed	Degree Awarded

Co-Applicant

Name of School	Location,	Year Completed	Degree Awarded

Other Training,	Date	Location

EMPLOYMENT HISTORY

Applicant: Are you currently employed? YES NO

Co-Applicant: Are you currently employed? YES NO

Applicant : _____

Place of Employment: _____

Job Title: _____

Date of Hire: _____

Rate of Pay: _____

Co- Applicant : _____

Place of Employment: _____

Job Title: _____

Date of Hire: _____

Rate of Pay: _____

Please list the last five years of employment, Applicant.

Company	Address	Job Title/Rate of Pay	Dates	Hours worked

Please list the last five years of employment, Co-Applicant.

Company	Address	Job Title/Rate of Pay	Dates	Hours worked

FINANCIAL and BUDGET INFORMATION

What is your monthly gross wage? (Before Taxes)

Applicant: _____ Co-Applicant: _____

What is your monthly net amount? (After Taxes)

Applicant: _____ Co-Applicant: _____

Do you receive any other income? (Child Support, Social Security, etc.) YES NO

If yes, please explain: _____

Amount: _____

Tax Filing Status: _____

Total number of dependents claimed on income tax: _____

Do you have any investments, savings, stocks, bonds, stamps, coins, etc.? YES NO

If yes, please explain: _____

Do you receive TANF, WIC, or SNAP benefits? YES NO

If yes, please explain: _____

LIABILITIES

Have you ever declared bankruptcy? YES NO

If yes, please explain: _____

Has your income ever been garnished? YES NO

If yes, please explain: _____

Do you own any real estate? YES NO

If so, state the type, value, and/or your monthly payment: _____

Do you own your home? YES NO

What is the value and equity? _____

Life Insurance

Applicant: _____ Co-Applicant: _____

MONTHLY HOUSEHOLD EXPENSES

Rent/House Payment	
Utilities (Avista/Clearwater Power)	
Car/Health Insurance	
Medical Expenses	
Child Support	
Phone/Cellphone	
Internet	
TV (Dish, Direct TV, Netflix)	
Clothing	
Food (cash amount)	
Auto maintenance, gas, repair	
Entertainment/Recreation	
Donations	
Other	

PAYMENTS:	Monthly Amount:	Balanced Owed:
Mortgage:		
Automobile:		
(Automobile 2):		
Credit Cards:		
(Credit Card 2):		
(Credit Card 3):		
Loans (including Tribal):		
(Loan 2):		
Other:		



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Foster Care Discipline Policy and Agreement

PURPOSE

Through its legal responsibility to provide for the well-being of children, the Nez Perce Tribe Social Services (NPTSS) has established a policy with respect to acceptable discipline for children who need to be placed in a foster home and deemed Minor In Need of Care (MINOCS).

The purpose of this standard is to provide direction and guidance to the NPTSS Child Protection Services (CPS) Program and its foster families regarding the type of positive and effective discipline to protect the safety and well-being of the child(ren) in their home and to reduce the risk of abuse resulting from inappropriate discipline. These standards are intended to achieve consistency in the development and application of NPTSS CPS core services and are implemented in the context of all applicable laws, rules, and regulations to provide a measurement for program accountability.

INTRODUCTION

When a foster family is approved for licensure they enter into a relationship with the NPTSS and become a member of a professional team providing services and support to children in out-of-home care.

Discipline is an essential part of child rearing. When used appropriately it is a learning experience that will enable children to mature and develop acceptable patterns of behavior. The purpose of discipline is to teach children and adolescents to function appropriately in a family to become responsible self-regulating adults.

STANDARD

Any foster family licensed by NPTSS must agree to abide by the Department's standard for managing the behavior of children in foster care with positive and effective discipline and its prohibition of corporal punishment.

The authority for discipline of a foster child will not be delegated by a foster family to other members of the household. If in doubt, a foster parent will consult with NPTSS prior to using any behavior management or discipline method that exceeds the provisions of this Standard.

As part of the licensing process, all foster families will sign a copy of this Standard indicating they have read and agree to abide by its provisions before any child is placed in the home.

Definitions

Behavior Management Discipline: These actions are intended to teach appropriate behavior through the use of positive reinforcement, time-out, redirection, ignoring, natural consequences, etc. Methods of behavior management and discipline for children will be based on each child's needs, stage of development, and behavior. Discipline will promote self-control, self-esteem, and independence.

Corporal Punishment Definition: Is defined as a physical administered to a child's body, such as, but not limited to spanking, kicking, slapping, pinching, punching, shaking, and hitting. Corporal punishment is prohibited for any child(ren) while in the care of the Nez Perce Tribe CPS Department. If a report is received, an investigation will occur and if allegations are substantiated, the child(ren) will be removed resulting in revocation of their license with the possibility of criminal charges.

Other example of corporal punishment are:

- a. Physical force or any kind of punishment inflicted on the body, including spanking;
- b. Cruel and unusual physical exercise or forcing a child to take an uncomfortable position;
- c. Use of excessive physical labor with no benefit other than for punishment;
- d. Mechanical, medical, or chemical restraint;
- e. Locking a child in a room or area of the home;
- f. Denying necessary food, clothing, bedding, rest, toilet use, bathing facilities, or entrance to the foster home;
- g. Mental or emotional cruelty
- h. Verbal abuse, ridicule, humiliation, profanity, threats or other forms of degradation directed at a child or a child's family
- i. Threats of removal from the foster home;
- j. Denial of visits or communication with a child's family unless authorized by a children's agency in its service plan for the child and family; and
- k. Denial of necessary educational, medical, counseling, or social services.

Permissible Restraint: A foster parent who has received specific training by NPTCPS in the use of child restraint may use reasonable restraint with prior written approval by the Department to prevent a child from harming himself, other persons or property, or to allow a child to gain control of him or herself. Any prior approval of restraint methods by a trained foster parent must be in writing and the foster parent must document, in detail, any use of restraint including what lead up to the restraint and what alternatives were tried but proved ineffective before restraint was used.

Principles of Effective Discipline

Effective discipline from the foster parent allows children in the absence of physical and verbal intimidation will:

- a. Choice of discipline methods that meet the individual needs of the child or adolescent;
- b. Effective alternatives to physical/corporal punishment are used;
- c. The reason for each disciplinary action:
- d. Consideration the child's life experiences and age, developmentally, socially, intellectually, and emotionally; and

- e. Establishes limits and behavioral guidelines of responsibility for his/her behavior, and consequences when behavior is appropriate.

Guidelines for Foster Families:

- a. Foster families are encouraged to rely on talking with a child or adolescent and/or denying privileges as much as possible as a method of discipline. These are effective ways of disciplining both children and teens.
- b. It is always important to listen to the child or adolescent and consider their feelings in the discipline process.
- c. Understanding, firmness, and fairness are important when exercising discipline.\
- d. Consistent limit setting and rules clearly explained to the child or adolescent should be applied.
- e. Methods of discipline should always be relevant to the problem behavior. Foster families are encouraged to involve the child or adolescent in determining what the consequences will be when inappropriate behavior has occurred.
- f. Children should have appropriate and acceptable behavior acknowledged and recognized. Parenting in this positive way is encouraged rather than focusing only on the child's negative behavior.
- g. Foster families will work with the child's or adolescent's case manager, therapist, teachers, and other appropriate persons to explore and affirm acceptable disciplinary methods and alternatives to physical punishment suited to the child's or adolescent's individual needs. Foster families will discuss this standard with persons providing services to the child and inform the case manager of any behavior modification or treatment recommendations which conflict with this standard.

Additional training on positive and effective methods of discipline will be made available by NPTSS upon request, or when, and if, it becomes apparent that the foster family needs assistance in managing the behaviors of children placed in their home.

At this time, are there any resources that the Nez Perce Social Services Department can help with, to successfully complete the licensing process?

Please list and explain:

Statement of Agreement to Abide By the Provisions of This Discipline Policy

1. We/I have read and understand this standard related to managing the behavior of a child in foster care through positive and effective discipline and agree to abide by the defined terms of this standard.
2. We/I agree that there will be no form of corporal punishment used in managing the behavior of children placed with us.
3. We/I agree to not use any form of physical restraint unless approved by Nez Perce Tribe Social Services and we/I have received specific training in the use of non-violent methods of restraint.
4. We/I acknowledge receipt of a copy of this standard on the date below.

Foster Parent/Applicant: _____

Date: _____

Foster Parent/Co-Applicant: _____

Date: _____

FOSTER CARE PREFERENCES, ABILITIES, and INTERESTS

On the list below, please circle the behaviors you have had experience in working with children,

LYING	BED-WETTING	LAZINESS
SKIPPING SCHOOL	STEALING	SULKING
RUNNING AWAY	ARGUMENTATIVE	VANDALISM
POOR GRADES	QUARRELING	TALKING BACK
DRUGS	SHY & TIMID	BREAKING THE LAW
HOMOSEXUALITY	SEXUALLY PROMISCUOUS	CHOOSING WRONG FRIENDS

Of the items listed above, please list the five (5) easiest and five (5) most difficult behaviors for you to work with:

Easiest	Most Difficult

Please indicate what types of children you would be interested in caring for:

Child Type	Yes	No
1. Male		
2. Female		
3. Infant (Newborn- 1 year old)		
4. Toddler (1-3 years old)		
5. Preschool (3-5 years old)		
6. Elementary (6-12 years old)		
7. Jr. High School (13-15 years old)		
8. High School (15-18 years old)		
9. Sibling group of 2		
10. Sibling group of 3		
11. Sibling group of 4 or more		

If you desire to care for pre-adoptive and newborn infants, are you willing to keep detailed developmental records and photos for the selective adoptive parents? YES NO

RELIGION

If identified will you work with the family in respecting the wishes to accommodate their type of worship?

Yes No

Would you accommodate taking the child(ren) to their type of worship? Yes No

What problems, if any would you anticipate having while caring for a child of a different religion? _____

MOTIVATION TO FOSTER

Why are you interested in foster care?

Do you have any experience with fostering?

CHILD CARE INFORMATION

If all adult members of the household (those involved in the responsibility of caring for children) are employed, what child care arrangements have been made for, or would be made for, children in their care when no adults are home?

When you are away from home for shopping, recreation, or other activities, what are your plans for the care of the children while you are away?

If there is an emergency, what is your plan for the care of the children while you are away?

If you decide to go on a vacation, or an overnight trip, what are your plans for the care of the children while you are away? Will you request Respite Care? There is an approval process for this type of request.

FAMILY and COMMUNITY ACTIVITIES:

Please describe the types of clubs, organizations, groups or volunteer activities you are involved with as a family or as an individual?

What are your leisure time activities, hobbies, or special interests?

Do you feel that members of the family, both in and outside of the home and other important friends and neighbors are supportive and in agreement with you taking the responsibility of the child or children?



NEZ PERCE SOCIAL SERVICES DEPARTMENT
CHILD PROTECTION SERVICES
271 B Street; P.O. Box 365 Lapwai, ID 83540
208-843-7302; Fax: 208-843-9401

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CONFIDENTIALITY POLICY AND OATH

The principle of confidentiality is basic to the maintenance of professional ethics and community respect. All staff, foster parents, and visitors have a set of ethical responsibilities by which they are bound to the client, the Department, the community and themselves. Our clients act in good faith, expecting their circumstances and personal matter to remain confidential and we are obligated by law and ethics to reciprocate.

The following is presented to provide some guidelines concerning the matter of confidentiality.

1. Pertinent information and details may be furnished to foster parents in order to facilitate appropriate placement and treatment plans for each child.
2. Information and details about a child or their family's case may be discussed for clinical purposes only.
3. Information concerning the child's background and family is **NOT** to be discussed with your children, extended family members, friends or neighbors. If questioned, simply state, "We are not at liberty to discuss any confidential information". Teachers, physicians, and other professionals are to be referred to the child's case manager.
4. You may discuss current visible behaviors with those who are a part of the system working to modify those behaviors.
5. The fact that a case has been made public through the media does not alter the fact that the child and natural family still has confidentiality privileges within the agency itself.
6. Discussing confidential information outside of the case manager/foster parent/therapist relationship, even if names are not used, will be considered a breach of confidentiality.
7. Information, including pictures, video/audio recordings, may **NOT** be shared or posted on any social media site, including, but not limited to Facebook, Instagram, Twitter or any other blog site.

I understand and agree to the above policy and guidelines. I understand that any breach of confidentiality will be grounds for an immediate review of my license status and future visitation requests.

Foster Parent/Applicant: _____

Date: _____

Foster Parent/Co-Applicant: _____

Date: _____



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RELEASE OF CONFIDENTIAL INFORMATION
ICWA/Child Protection

I authorize Social Services staff to exchange information with the following Agencies/Programs:

State and Tribal Health and Human Services Agencies

Tribal Programs/Agencies

Bureau of Indian Affairs

Social Security Administration

Indian Health Services

Public Schools

NiMiiPuu Health/Behavior Health

St. Joseph Regional Medical Center

State/Federal/Tribe/County Law Enforcement

State/Federal/Tribe/County Probation

Please list any other place we may need to contact to verify your participation. Also, list any person you may want us to release information to on your behalf, such as your spouse, family member, friend, etc.:

1. _____

2. _____

The information exchanged will pertain to my case management. I understand any information obtained will be kept confidential and will be used only for this purpose. I further understand that any information obtained may be released to a governmental tribal agency, court of law, or law enforcement agency for purposes of legal and investigative actions. I understand that information may be shared in person, by phone, fax, mail or email. This Release of Information will remain in effect until I request in writing to rescind authorization.

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____



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Foster Home License Application Agreement

I hereby agree to complete and submit the Idaho Department of Health and Welfare Criminal History and Background Check Request Authorization and Self-Declaration Form and submit the fingerprint check as conditions of applying for this foster care license.

If I fail to complete this procedure within a sixty (60) day period after the initial application, my application for a foster care license will be denied.

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____

HEALTH INFORMATION

Please identify any health problems that could affect your ability to take care of children:

Applicant _____

Co-Applicant: _____

Have you consulted or been treated by a medical clinic, physician, healer or other practitioner within the past three (3) years for anything other than a minor illness?

APPLICANT: YES NO

CO-APPLICANT: YES NO

EXPLAIN:

Have you been treated by a clinical psychologist, psychiatrist, counselor, or other mental health practitioner within the past three (3) years for a mental health problem?

APPLICANT: YES NO

CO-APPLICANT: YES NO

EXPLAIN:

Have you had tuberculosis or been exposed to someone who has tuberculosis in the past year?

APPLICANT: YES NO

CO-APPLICANT: YES NO

Do you have any physical or mental health problems, which might affect your ability to provide childcare?

APPLICANT: YES NO

CO-APPLICANT: YES NO

EXPLAIN:

Have you been addicted to drugs and/or alcohol or been treated for drugs and/or alcohol abuse?

APPLICANT: YES NO

CO-APPLICANT: YES NO

EXPLAIN:

Have you been a victim of any kind of abuse?

APPLICANT: YES NO

CO-APPLICANT: YES NO

EXPLAIN:

Who is your family physician?: _____

Do you have health and accidental insurance for the family? YES NO _____

<i>Name: Applicant & Co-Applicant</i>	<i>DOB:</i>	<i>Occupation:</i>	<i>Residence:</i>
1.			
2.			
3.			



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MEDICAL REPORT for PROSPECTIVE FOSTER/ADOPTIVE PARENT

- Please fill out the form and deliver to your medical provider, by hand or mail, and return with application. Feel free to make more copies as needed.

Agency: **NPT Social Services Child Protection** Telephone Number: **208-843-7302**

Caseworker: Date Issued:

Name of Prospective Resource Parent:

Address of Prospective Resource Parent:

I hereby request and authorize my physician/medical provider to release the following information to the agency named above.

Signature of Applicant: _____

To Medical Provider:

The above-named applicant has applied to be a Foster/Adoptive parent. A medical report and your interpretation of it are needed by the agency. Our responsibility is to select Resource Parents whose general health and emotional stability would not adversely affect either the health of or quality of care for children placed in the home.

Section A. MEDICAL HISTORY

Past and Current History of Illness- Diagnosis and Date:

Surgery-Specify and Indicate Date:

Section B. GENERAL

How long have you known the patient professionally? _____

Date of last exam: _____

Impression of general and vitality level:

Is patient on any regular medication or was any recommendation for medical care made to patient?

YES NO

If yes, please explain/send medication lists to this office: _____

From a medical viewpoint, would you recommend this patient as a foster parent?

YES NO

From a medical viewpoint would you recommend this patient as an adoptive parent?

YES NO

If no on either above please elaborate: _____

From your experience with the patient, are there any additional comments: _____

Medical Provider Signature: _____ Date: _____

Clinic/Facility: _____

Address: _____

Telephone Number: _____