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**Indian Child Welfare
Social Services Department**

Foster/Respite Care License Application



**NEZ PERCE SOCIAL SERVICES DEPARTMENT
INDIAN CHILD WELFARE – CHILD PROTECTION
428 Agency Rd.; 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 for the Nez Perce Tribe. 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 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 where all the information on the application, the home study, and home safety check is reviewed and evaluated. The process is renewed every two years.

Requirements to become a licensed foster home are:

- **Foster Home Application** complete and truth
- **Criminal History and Background Check** - Idaho Department of Health and Welfare Fingerprint and Background Checks
 - **All individuals over the age of 18** in the home must complete this
- **Medical Report** provided by the department is to be turned into and completed by your primary care provider
- Consent to and participate in a **Home Study** and **Home Safety Check**
 - Provide a copy of your drivers license, vehicle registration, and proof of vehicle insurance the child(ren) will be transported in
- Attend and participate in a **Foster Home Orientation** and/or training opportunity
 - Sign documentation provided in that orientation
 - Time will be allotted to ask questions and gain complete understanding of the agreement you are about to enter with the Nez Perce Tribe

The foster care application requirements must be completed within sixty days of applicant signature; failure to complete required tasks within that timeframe may require the applicant to start over.

Demographics

Applicant		Co-Applicant	
Name:		Name:	
DOB:	SSN:	DOB:	SSN:
Other Names Used/Maiden Name:		Other Names Used/Maiden Name:	
Contact Information Home Phone: _____ Cell Phone: _____ Email: _____		Contact Information Home Phone: _____ Cell Phone: _____ Email: _____	
Tribal Affiliation:		Tribal Affiliation:	
Please mark the following: Male ___ Female ___ Other ___ Married ___ Single ___ Widowed ___ Divorced ___		Please mark the following: Male ___ Female ___ Other ___ Married ___ Single ___ Widowed ___ Divorced ___	
Highest Education Obtained		Highest Education Obtained	
Current Employer	Gross Annual Income	Current Employer	Gross Annual Income
Primary Care Provider or Doctor		Primary Care Provider or Doctor	

Physical address of the home being licensed: _____

Mailing address if different than physical address: _____

Is your home ___ Rented ___ Owned ___ Other

Have you lived in Idaho for the last five years, consecutively? ___ Yes ___ No

If no, please list addresses previously lived at in the last five years:

Year	Address	City, State, Zip Code

Home and environmental **safety** is extremely important for the wellbeing of children. By answering yes to the following questions, it does not mean that your home will be disqualified but may require further support from this office.

Is there anything in the home environment that may be potentially dangerous to children (*ie. Swimming pools, large bodies of water, irrigation canals or animals*)? ___ Yes ___ No

If yes, please describe: _____

Do you have guns or ammunition in the home? ___ Yes ___ No

If yes, please describe how the guns and ammunition are stored: _____

Do you have a working smoking detector on each level of the home? ___ Yes ___ No

Does that smoke detector include carbon monoxide detection? ___ Yes ___ No ___ Unknown

Does your home have a fire extinguisher? ___ Yes ___ No

Family Profile

Others residing in the home: *(children, family or roommates)*

Name:	DOB:	Male/Female/Other	Relation to Applicant
1.			
2.			
3.			
4.			
5.			
6.			

Children out of the home:

Name:	DOB :	Male/Female/Other	Residence:
1.			
2.			
3.			
4.			
5.			

Have other adults living in the home lived in Idaho for the last five years, consecutively? ___ Yes ___ No

If no, please list addresses previously lived at in the last five years:

Name of Individual	Year	Address	City, State, Zip Code

Background Information

Have you been a foster parent previously? _____YES _____NO

If yes, when?_____ Where?_____

Are you currently a licensed foster family for any other agency? _____ YES _____NO

If yes, for what agency? _____

Has that license ever been suspended or revoked? ___ YES ___ NO

If yes, please describe: _____

Has any member of the home been arrested or currently on probation in any jurisdiction? ___ YES ___ NO

If yes, who? And what jurisdiction: _____

Has any member of the home been subject to a child protection or adult protection investigation in any jurisdiction?

___ YES ___ NO If yes, who? And what jurisdiction: _____

Has any member of the home been hospitalized or endured significant illness in the last year? ___ YES ___ NO

If yes, who? _____

Has any member of the home had a history of substance abuse or require psychiatric care in the last two years?

___ YES ___ NO If yes, who? _____

Child(ren) Interested in Caring For

1. Name: _____ Age: _____

Relationship to applicant: _____

2. Name: _____ Age: _____

Relationship to applicant: _____

3. Name: _____ Age: _____

Relationship to applicant: _____

Release and Consent

I/we submit the above application to the Indian Child Welfare Program for the Nez Perce Tribe for consideration of placing children into our care for fostering. I/we give consent for the Indian Child Welfare Program to seek relevant information as it pertains to this application. I/we understand this information will be used only to determine my/our suitability to foster children and all information will be kept confidential.

I/we understand this application expresses my/our interest in fostering, but I/we can withdrawal this application at any time.

I/we do provide the following information for reference checks: *(Name, relation and best method of contact)*

1. _____

2. _____

3. _____

By my/our signature, I/we certify that the information given on this application is, to the best of my/our knowledge, true and correct. Failure to disclose relevant information may be grounds for denial of foster care certification.

Signature of Applicant

Date

Co-Applicant

Date