



**Siletz Indian Child Welfare Program**  
**PO Box 549**  
**Siletz OR, 97380**  
**1-800-922-1399 or 541-444-8272**

## **CONFIDENTIALITY AGREEMENT**

By signing this agreement, I (*we*) agree and understand that:

- I (*we*) agree that The Confidentiality Policy of the Federal Privacy Act of 1974, in addition to The Confederated Tribes of Siletz Confidentiality Policy apply to me (*us*), as a Siletz foster home provider. I (*we*) also understand that I (*we*) have the right to request a copy of these documents at any time.
- I (*we*) acknowledge that I (*we*) cannot talk about or share any information regarding any child/children placed in my (*our*) home outside of the child/children's medical care givers, ICW staff or State DHS workers or anyone who has not been approved by an ICW caseworker.
- I (*we*) also understand that I (*we*) cannot talk about or share any personal information with anyone who has not applied and has been approved by The Confederated Tribes of Siletz ICW department. This includes and is not limited to relatives, friends and acquaintances.
- I (*we*) understand that if I do not keep the information regarding a child/children placed in my (*our*) home confidential, the Tribe will terminate my (*our*) Foster Parent contract.

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PRINT NAME: **Primary Applicant**

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PRINT NAME: ***Co-Applicant***

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Signature: **Primary Applicant**

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Signature: ***Co-Applicant***

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Date

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Date



## SILETZ INDIAN CHILD WELFARE DEPARTMENT CONSENT FOR CRIMINAL RECORDS CHECK

In order to protect the best interests of children in foster care, the Siletz Tribe Indian Child Welfare Program needs the following information. By your signature(s) and signature(s) of other individuals age 13 or older, residing in your home, you authorize the Siletz Tribe Indian Child Welfare Program to obtain information about you from the Oregon State Police and other law enforcement agencies, child abuse and neglect registries, or courts. This includes driving violations of all licensed drivers in your home.

**Please print the following information legibly and in ink.**

**1. Full name and all other names used (aliases, maiden name, and/or previous married names). Use additional pages if necessary.**

(a)	_____	_____	
	<i>Full Name (First Name, Middle Name, Last Name) (Please Print)</i>	<i>Other Names Used (Please Print)</i>	
	_____	_____	
	<i>Date of Birth</i>	<i>Social Security Number (optional)</i>	<i>State &amp; Driver's License Number</i>
	X		
	_____	_____	
	<i>Signature</i>	<i>Date</i>	
(b)	_____	_____	
	<i>Full Name (First Name, Middle Name, Last Name) (Please Print)</i>	<i>Other Names Used (Please Print)</i>	
	_____	_____	
	<i>Date of Birth</i>	<i>Social Security Number (optional)</i>	<i>State &amp; Driver's License Number</i>
	X		
	_____	_____	
	<i>Signature</i>	<i>Date</i>	

**2. Other adult(s) 13 years of age or older, living in household. (Please include employees and volunteers who frequently visit the household.)**

(a)	_____	_____	
	<i>Full Name (First Name, Middle Name, Last Name) (Please Print)</i>	<i>Other Names Used (Please Print)</i>	
	_____	_____	
	<i>Date of Birth</i>	<i>Social Security Number (optional)</i>	<i>State &amp; Driver's License Number</i>
	X		
	_____	_____	
	<i>Signature</i>	<i>Date</i>	
(b)	_____	_____	
	<i>Full Name (First Name, Middle Name, Last Name) (Please Print)</i>	<i>Other Names Used (Please Print)</i>	
	_____	_____	
	<i>Date of Birth</i>	<i>Social Security Number (optional)</i>	<i>State &amp; Driver's License Number</i>
	X		
	_____	_____	
	<i>Signature</i>	<i>Date</i>	
(c)	_____	_____	
	<i>Full Name (First Name, Middle Name, Last Name) (Please Print)</i>	<i>Other Names Used (Please Print)</i>	
	_____	_____	
	<i>Date of Birth</i>	<i>Social Security Number (optional)</i>	<i>State &amp; Driver's License Number</i>

**3. Other adult(s) 13 years of age or older, living in household. (Please include employees and volunteers who frequently visit the household.)**

(a) \_\_\_\_\_  
*Full Name (First Name, Middle Name, Last Name) (Please Print)*      *Other Names Used (Please Print)*

\_\_\_\_\_  
*Date of Birth*      *Social Security Number (optional)*      *State & Driver's License Number*

X  
\_\_\_\_\_  
*Signature*      *Date*

(b) \_\_\_\_\_  
*Full Name (First Name, Middle Name, Last Name) (Please Print)*      *Other Names Used (Please Print)*

\_\_\_\_\_  
*Date of Birth*      *Social Security Number (optional)*      *State & Driver's License Number*

X  
\_\_\_\_\_  
*Signature*      *Date*

(c) \_\_\_\_\_  
*Full Name (First Name, Middle Name, Last Name) (Please Print)*      *Other Names Used (Please Print)*

\_\_\_\_\_  
*Date of Birth*      *Social Security Number (optional)*      *State & Driver's License Number*

**4. Other adult(s) 13 years of age or older, living in household. (Please include employees and volunteers who frequently visit the household.)**

(a) \_\_\_\_\_  
*Full Name (First Name, Middle Name, Last Name) (Please Print)*      *Other Names Used (Please Print)*

\_\_\_\_\_  
*Date of Birth*      *Social Security Number (optional)*      *State & Driver's License Number*

X  
\_\_\_\_\_  
*Signature*      *Date*

(b) \_\_\_\_\_  
*Full Name (First Name, Middle Name, Last Name) (Please Print)*      *Other Names Used (Please Print)*

\_\_\_\_\_  
*Date of Birth*      *Social Security Number (optional)*      *State & Driver's License Number*

X  
\_\_\_\_\_  
*Signature*      *Date*

(c) \_\_\_\_\_  
*Full Name (First Name, Middle Name, Last Name) (Please Print)*      *Other Names Used (Please Print)*

\_\_\_\_\_  
*Date of Birth*      *Social Security Number (optional)*      *State & Driver's License Number*



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## **Disaster Plan and Emergency Contacts**

**Primary Applicant Name:** \_\_\_\_\_

**\*\*Co-Applicant Name:** \_\_\_\_\_

**Physical address:** \_\_\_\_\_

\_\_\_\_\_

**Mailing address:** \_\_\_\_\_

\_\_\_\_\_

**Primary Applicant Cell #:** \_\_\_\_\_

**\*\*Co-Applicant Cell #:** \_\_\_\_\_

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**This document contains my plans to evacuate and emergency contacts if I/we am/are required to leave my/our home address due to a natural disaster or catastrophic event.**

**Please list two locations your family can find safety in case of an emergency.**

**If I/we need to evacuate my/my home, I/we would relocate to:**

**1) Name(s):** \_\_\_\_\_

**Related to:**     *Primary Applicant*             *Co-Applicant*

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

2) Name(s): \_\_\_\_\_

Related to:     *Primary Applicant*             *Co-Applicant*

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

**Additional contact information:**

1) Name: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

3) Name: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

4) Name: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

I/we understand that critical and pertinent information on the (*all*) placed child(ren) must be readily available in case of an emergency, such as:

- Agency/Caseworker(s) contact information
- Child(rens) medical information
- Identifying documentation for all foster child(ren)
- Official court/legal documents on all child(ren)

I/we agree and understand that if any information provided on this form should change, I/we are to contact The Confederated Tribes of Siletz, ICW department within **7 days**. I/we agree and understand that by signing this contract I/we are actively aiding program staff in emergency preparedness according to federal guidelines.

\_\_\_\_\_  
Signature: **Primary Applicant**

\_\_\_\_\_  
Signature: **Co-Applicant**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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**SILETZ FOSTER HOME  
DISCIPLINE AGREEMENT**

- 1) Discipline must be fair, reasonable, consistent and must be according to the guidelines of the Confederated Tribes of Siletz Indians ICW discipline agreement.
  - A. Corporal punishment is ***not*** permitted, even if the childrens'/childs' parent(s) may have given his (*their*) consent.
  - B. Punishment that includes the deprivation of sleep, food or interaction with all persons shall not be used.
- 2) The Confederated Tribes of Siletz Indians prohibits children in care from being subjected to corporal or unusual punishment, humiliation, mental abuse and the withholding of personal money/valuable items that are associated with their daily functions of living, sleeping or eating.
- 3) Corporal punishment is defined as bodily contact including, ***but not limited to***, spanking, hitting, swatting, slapping, pinching, shaking, pulling hair or public humiliation.
- 4) Restraints used to confine a person or persons as a means of punishment is ***strictly prohibited***. Anything used to prohibit the use of a persons arms, hands, feet or mouth will be grounds for immediate decertification.

I (*we*) have read and understand the terms set forth in this agreement and agree to abide to the listed stipulations. I (*we*) are aware that any failure to comply with these regulations could result in the revocation of the Certification of Foster Care.

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

\_\_\_\_\_  
Signature of **Co-Applicant**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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### FOSTER PARENT AGREEMENT

I (*we*), 1) **Primary Applicant:** \_\_\_\_\_

2) **Co-Applicant:** \_\_\_\_\_

am (*are*) willing to provide a healthy and safe home for children of the Confederated Tribes of Siletz Indians of Oregon, who are in need of alternative placement. In so providing, I (*we*) assure the Siletz Tribe that the following is adequate and true.

1. I (*we*) have or are willing to learn appropriate child rearing practices and attitudes that will serve the best interest of a foster child(ren).
2. I (*we*) will provide a stable, safe, harmonious home and a healthy environment conducive to rearing child(ren).
3. I (*we*) am (*are*) a responsible individual(s) and will be positive role model(s) who will exercise sound judgments and guidance with a positive, calm and caring demeanor(s).
4. I (*we*) respect the cultural values of the Siletz Tribe and the religious preferences of the foster child(ren).
5. I (*we*) will comply with the rules and regulations of the Siletz ICW Program concerning the care of a foster child(ren).
6. I (*we*) will provide adequate supervision by a responsible adult at all times when the foster child(ren) is in the home.
7. I (*we*) will provide the foster child(ren) with a well-balanced and nutritious diet. If milk that is not pasteurized is used in the foster home, a foster parent shall furnish the Siletz ICW program with a signed statement from a licensed veterinarian of the raw milk dairy verifying that TB and brucellosis tests within the previous year were negative.
8. I (*we*) will not require a foster child(ren) to perform work which presents a health or safety hazard to the child(ren) and which interferes with the child's education.

9. I (*we*) will follow the rules and regulations in the Discipline Agreement regarding punishment and will practice appropriate discipline that fits the unacceptable behavior of foster child(ren).
10. I (*we*) understand that I (*we*) am (*are*) not a party to the foster child(s)'(ren)' case and may not receive all information concerning the progress of the case(s).
11. I (*we*) will schedule a physical or well child checkup for the foster child(ren) within one week of the child(ren) being placed in my (*our*) home and will provide the Siletz ICW Program with the address(es), phone number(s) and name(s) of the foster child(ren)'s) licensed physician(s).
12. I (*we*) understand, that as a foster parent(s), I (*we*) am/are considered a mandatory reporter(s). If, at any time, I (*we*) suspect a child has been abused or neglected, I (*we*) must report this knowledge to ICW, the local Department of Human Services and to local authorities.

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Signature: **Primary Applicant**

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Signature: **Co-Applicant**

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Date

---

Date





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## **Authorization for Release of Information**

I (we)            1) **Primary Applicant:** \_\_\_\_\_

                         2) **Co-Applicant:** \_\_\_\_\_

authorize communication between the **Confederated Tribes of Siletz Indians, ICW Program, DHS** and all Federally Recognized Tribes. The purpose and need for disclosure: *Assessing Foster Parent application for potential certification.*

The type of information to be exchanged:

- A) All Foster Family application information regarding Potential Foster Parent(s)
- B) Employment information regarding Potential Foster Parent(s)

This consent will expire on: \_\_\_\_\_

I (we)            1) **Primary Applicant:** \_\_\_\_\_

                         2) **Co-Applicant:** \_\_\_\_\_

have read this document and hereby authorize the Department of Human Services to release specific information requested by: *Confederated Tribes of Siletz Indians, ICW Program.*

\_\_\_\_\_  
**PRINT NAME: Primary Applicant**

\_\_\_\_\_  
**PRINT NAME: Co-Applicant**

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

\_\_\_\_\_  
**Signature of Co-Applicant**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**To those receiving information under this authorization:** This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



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## WEAPONS SAFETY AGREEMENT

I (*we*) agree to the terms and conditions listed in this agreement regarding the storage of all weapons and ammunition. I (*we*) agree to keep all weapons and ammunition away from all children placed in my (*our*) care and agree not to utilize all weapons with or around the children without the express written consent of the CTSI ICW caseworker and/or CTSI ICW team member.

- 1) The safety and security of all children in foster home care homes requires that all dangerous weapons be disclosed and kept LOCKED in racks, cabinets, closets etc.
- 2) Ammunition must be stored and locked separately from all firearms.
- 3) No foster children are to be in the presence of any firearms without written approval of a Confederated Tribes of Siletz Indians, ICW caseworker and/or team member.
- 4) Dangerous weapons include, but are not limited to:
  - a) Rifles, carbines, shotguns, pellet guns, BB guns, starter pistols, and other firearms.
  - b) Explosive devices such as gun powder, ammunition, primer caps, detonators and fuse cords.
  - c) Sports/Hunting Equipment, such as fishing spears, scuba swords, large knives (other than decorative design types), large animal traps, crossbows and steel tipped arrows.
- 5) Please list all firearms in the home, the types of firearms, how they are stored and where they are stored.

If there are no firearms in the home currently, the applicant(s) must agree to disclose all accumulated firearms in the future that will be in the home, along with how and where they will be stored with the ammunition. If there is no appropriate storage available for all weapons then there will be cause to revoke the approved foster parent certification and the/all child(ren) will be immediately removed from the home.

The applicant(s) must agree to the terms and conditions to be considered as a possible placement for foster children and by signing, will agree to abide by all terms and conditions.

TYPE OF FIREARM:	TYPE OF STORAGE:	LOCATION OF STORAGE:
1)		
2)		
3)		
4)		
5)		

I (*we*) have disclosed all dangerous weapons stored in the home and agree to adhere to the terms and conditions listed above regarding the storage of all weapons **and** all ammunition. The weapons described above will be stored and kept locked securely away from all children; and **all** ammunition will be stored separately and will not be used by, or around foster children without the express consent of the CTSI ICW caseworker or a CTSI ICW team member in writing.

\_\_\_\_\_  
 PRINT NAME: **Primary Applicant**

\_\_\_\_\_  
 PRINT NAME: **Co-Applicant**

\_\_\_\_\_  
 Signature: **Primary Applicant**

\_\_\_\_\_  
 Signature: **Co-Applicant**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date