



Siletz Indian Child Welfare Program

PO Box 549

Siletz OR, 97380

1-800-922-1399 or 541-444-8272

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) applying to be a foster care provider or providers for the Siletz Tribe.
2. **Foster Parent Questionnaire:** To be completed and *signed* by the individual(s) applying to be foster parents.
3. **Attachments to Foster Home Application:**
 - **Authorization for Release of Information:** To be *signed* by the individual(s) applying to be a foster care provider or providers for the Siletz Tribe.
 - **Consent for Criminal Records Check:** To be completed and *signed* by **all adult(s)** 18 years of age or older, living in the household.
 - **Discipline Agreement:** To be completed and *signed* by the individual(s) applying to be a foster care provider or providers for the Siletz Tribe.
 - **Weapons Agreement:** To be completed and *signed* by the individual(s) applying to be a foster care provider or providers for the Siletz Tribe.
 - **Foster Parent Agreement:** To be completed and *signed* by the individual(s) applying to be a foster care provider or providers for the Siletz Tribe.
 - **Confidentiality Agreement:** To be *signed* by the individual(s) applying to be a foster care provider or providers for the Siletz Tribe.
 - **Disaster Plan and Emergency Contacts:** To be completed and signed by the individual(s) applying to be a foster care provider or providers for the Siletz Tribe.
4. 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.

There is a 90-day time frame for this process to be completed. If the application has exceeded this 90-day time frame, then the application will become null & void and the applicant(s) must reapply.

If you have further questions or concerns regarding this process please do not hesitate to contact this office immediately at (541) 444-8338. 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.**

Siletz ICW Staff



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DATE: _____

FOSTER HOME APPLICATION

Primary Applicant Name: _____

****Co-applicant Name:** _____

Mailing Address: _____

Physical Address: _____

Primary Applicant Cell #: _____

Primary Applicant Work #: _____

Primary Applicant Email: _____

****Co-Applicant Cell #:** _____

****Co-Applicant Work #:** _____

****Co-Applicant Email:** _____

Applicant(s) Home Phone (landline) #: _____

List all other adult household members, 18 years or older, living in the home:

Additional Adult Household Members	Birth Dates
1)	
2)	
3)	
4)	
5)	

How many children (0 years – 17 years old) are presently in the home at this time? List names and birth dates:

Childs' Name	Childs' Date Of Birth
1)	
2)	
3)	
4)	
5)	

A. BACKGROUND INFORMATION

1. Please explain why you and/or the co-applicant are interested in becoming a foster parent(s):

2. Do you and/or the co-applicant possess prior experience as a foster parent?

Yes No **If yes, please describe the experience:**

3. Were you or the co-applicant certified for foster care previously? Yes No
If yes, please list all agencies, all states/counties and all Federally Recognized Tribes with whom you and the co-applicant were/are certified.

Agency	State / County	Federally Recognized Tribes
1)		
2)		
3)		
4)		
5)		

5. Are you and/or the co-applicant presently employed outside of the home?
 Yes No
If yes, please list who is employed, employer name & address and how many hours worked per week.

Person Employed:	Employer name & address:	# of hrs worked a week

6. Are you or any household members currently enrolled or eligible for enrollment with any federally recognized tribe? No Yes

If yes, please list tribal information:

Name	Household Member Tribal Affiliation	Enrollment #
1)		
2)		
3)		
4)		
5)		

B. FOSTER CHILD(REN) PREFERENCE(S):

1. Specify the age group and the gender of the child(ren) desired.

	Age Group	Please Choose All That Apply		
<input type="checkbox"/>	0-5	Boy(s)	Girl(s)	EITHER
<input type="checkbox"/>	6-10	Boy(s)	Girl(s)	EITHER
<input type="checkbox"/>	11-13	Boy(s)	Girl(s)	EITHER
<input type="checkbox"/>	14-17	Boy(s)	Girl(s)	EITHER

3. Are you willing to care for a physically and/or mentally disabled child(ren)?

No Yes

If yes, please explain:

C. HOME DESCRIPTION

1. Please provide a physical description of the home:

# of Rooms	Room Type	Brief Description (if applicable)
	Bedroom(s)	<u><i>All children must have their own beds</i></u>
	Bathroom(s)	
	Dining Area	
	Kitchen	
	Living Area	
	Utility Area	Washer <input type="checkbox"/> Dryer <input type="checkbox"/> None <input type="checkbox"/>
	Garage	
	OTHER	Please describe play areas inside <u>and</u> outside of the home:

D. CRIMINAL HISTORY

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

Name of Adult Household Member:	Conviction / Status:
1)	
2)	
3)	
4)	
5)	

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

Name of Adult Household Member:	Resident Address / State:
1)	
2)	
3)	
4)	
5)	

E. REFERENCES *4 references required*

Please state names, addresses and phone numbers of four persons to serve as references to your and/or the co-applicants' morally upstanding character. Three references must be non-relatives with whom you and/or the co-applicant have been acquainted for at least two years. Please tell them in advance that you are using them as references and that they need to be willing to answer questions regarding your and/or the co-applicants' parenting abilities.

Name	Mailing address	Phone Number(s)
1)		
2)		
3)		
4)		

F: QUESTIONS / CONCERNS / COMMENTS

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:

PRINT NAME: **Primary Applicant**

PRINT NAME: **Co-Applicant**

Signature of **Primary Applicant**

Signature of **Co-Applicant**

Date

Date

**** Please enclose a copy of drivers licenses of all adults in the household as well as proof of insurances****



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FOSTER PARENT(S) QUESTIONNAIRE

1. List 3 character strengths that best describes you and/or the co-applicant:

Primary Applicant:

Co-Applicant

1)

1)

2)

2)

3)

3)

2. How would others describe you and/or the co-applicants' personality or personalities?

3. What 3 things about yourself and/or the co-applicant like to change about yourself/yourselves?

Primary Applicant:

Co-Applicant

1)

1)

2)

2)

3)

3)

4. What are you and/or the co-applicants' interests and hobbies?

a. Primary Applicant:

b. Co-Applicant:

5. Who are the single most important persons in your and/or the co-applicants' lives? Why?

a. Primary Applicant:

b. Co-Applicant:

6. What strengths and background experiences do you feel you and/or the co-applicant have that may help your family in caring for foster children?

7. What goals do you and/or the co-applicant wish your potential foster child(ren) to achieve?

8. How do you and/or the co-applicant handle anger?

9. In what ways do you feel you and/or the co-applicant have grown personally over the last couple of years?

Primary Applicant:

Co-Applicant:

10. What was the most significant loss you and/or the co-applicant have experienced and how did you and/or the co-applicant cope? What helped you and/or the co-applicant to get through it?

Primary Applicant:

Co-Applicant:

11. Describe any physical limitations that may affect your and/or the co-applicants' abilities to care for a child(ren) placed in your home.

Primary Applicant:

Co-Applicant:

12. How often do you and/or the co-applicant drink alcohol or smoke? i.e. cigarettes, medical marijuana etc.

Primary Applicant:

Co-Applicant:

13. Are you and/or the co-applicant a military veteran(s)? What branch of the military did you and/or the co-applicant serve? Were you and/or the co-applicant honorably discharged?

Primary Applicant:

Co-Applicant:

14. What do you and/or the co-applicant feel has been your greatest personal achievement to date?

Primary Applicant:

Co-Applicant:

15. What rewards do you and/or the co-applicant expect from opening up your home to foster children?

16. How do children most easily upset you and/or the co-applicant?

17. Describe the process of discipline in your and/or the co-applicant home.

