

Tribe
Foster Care
Standards

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TRIBAL RESOLUTION

FOSTER CARE STANDARDS

TRIBE SOCIAL SERVICES PROGRAM FOSTER CARE
PROGRAM FOSTER CARE/HOME POLICY AND
PROCEDURES/LICENSURE

Social Services Program through Tribal Resolution No. _____ established these foster care standards to implement a foster care system for children placed in protective custody. By enacting the standards set forth in this document, the Tribe does not waive sovereign immunity. Nothing contained in this document shall be construed or interpreted in any way as a waiver, express or implied, of the Pueblo's sovereign immunity.

I. POLICY

- A. **Safety and Cultural Competency:** The Tribe believes strongly in the safety and well being of children and their families. The tribe believes that children are the key to the Tribe's future and survival of the Pueblo's culture and customs.

Under certain circumstances it may become necessary to place a child or children in protective custody, resulting in out of home placement, in order to ensure their safety. The Tribe Social Services program will initially seek placement of the child or children within his or her extended family or within a tribally sanctioned family setting in the Tribe. Such placement will constitute foster family care. While the child is in out of home placement, every effort will be made by Social Services to work toward reunification of the child with his or her biological family; if it is in the best interest of the child.

- B. **Purpose:** The Tribe Social Services program established these foster care policies and procedures in order to set forth basic standards for safe guarding, protecting, and promoting the health, safety, and welfare of children placed in foster homes. These procedures establish requirements for the licensing of foster parents and their homes. These standards assure the placement of a child in a foster care setting that both protects the best interests of the child while promoting the continued unity of the family, extended family, and Tribe.

B. Definitions:

- a. **Emergency Foster Home:** A tribally licensed private family home that agrees to be available 24 hours a day, seven days a week for children who are in need of emergency substitute care. Placement in these homes should not exceed 30 days.
- b. **Foster Care:** A child who is receiving protective services from law enforcement and social services, which has been placed in a tribal licensed foster family home.
- c. **Foster Home Care:** A service by which temporary, planned substitute care is provided to a child in a private, tribally licensed home when his/her own home is determined to be contrary to the safety of the child.

- d. Kinship Care:* Out of the home placement with extended family or relatives.
- e. License:* A document issued by the Tribe that officially sanctions a tribal member's eligibility to maintain a foster home for children.
- f. Regular Foster Home:* A tribally licensed private family home that agrees to provide on-going temporary foster care for a child for a period of up to one year or longer as determined by the Tribe's Tribal Court.
- g. Extended Family:* Those family members who are not considered immediate family, but referred to as family by blood relation, to include maternal/paternal grandparents, aunts, uncles, cousins, etc.
- h. Tribally Licensed:* An individual or individuals holding a valid license as a foster family issued by the Tribe.
- i. Addiction Related Offense:* A drug or alcohol related incident that may pose a risk to themselves or others.
- j. Major Crime:* A serious crime such as murder, rape, armed robbery, etc., that are looked upon as felonies in a Court of Law.
- k. Permanent Change of Residence:* When a residence has changed to another location with full knowledge that the residence is to be permanent.
- l. Change in the Household:* A specific change that has occurred which either increases or decreases the number of members in the household.
- m. Good Character and Habits:* An individual who displays responsible and mature behaviors in all aspects of self and community.
- n. Permanency Planning Activities:* Specific activities that affect biological parents, foster parents and foster child, which addresses the problem and implement goals towards reunification.

II. LICENSURE PROCEDURES AND ASSESMENT

A. **Licensure:** The Tribe Social Services program is the designated agency responsible for licensing of foster home providers for the Tribe.

B. Application

- 1. Initial Evaluation of Foster Parent(s)
 - a. Background information
 - b. Health information

- c. Appropriate BIA/Tribal/State Police background check
- d. Three Character References (non-relatives)
- e. Pass a Drug Test

2. Foster Parent Agreement

3. Classification of Home:

- a. Emergency
- b. Regular
- c. Kinship

C. Determination of License:

1. Tribal social services shall evaluate the applicant based upon personal interviews, screenings, criminal background check and home visits. Based on the evaluation, tribal social services shall determine whether to issue a foster care license.
2. Tribal social services shall re-evaluate the foster home provider for continued licensure on an annual basis. Re-evaluation shall consist of home visits to review licensure compliance, and if appropriate, a renewal of licensure will be issued.
3. Any license issued by tribal social services shall apply only to the residence where the foster home provider is living at the time an application for license is made.
4. Any foster parent arrested for any criminal offense while being licensed as a foster parent, must complete a drug/alcohol evaluation and comply with the recommendations of the evaluation. The foster parent must provide social services with a copy of the criminal complaint and the order of disposition on the foster parent's criminal case. Upon notice of the criminal offense, social services will conduct an assessment to determine the safety and impact of the arrest and/or criminal offense on the foster child. If a determination is made by social services that the foster child will no longer be safe in the home, the child will be removed immediately and the foster licensure will be terminated. If the offense is minor and does not involve drugs or violence, then social services after completing the foster child safety assessment may determine with the recommendation of the Tribe Child Protection Team to allow the foster child to continue to reside at the foster home with close supervision by social services. Upon conviction of a criminal offense, the foster parent must comply with all conditions set by the Court. A second criminal arrest will result in immediate termination of foster care licensure and immediate removal of the foster child from the home.

C. Assessment:

1. Tribal social services shall examine homes of tribal members and other applicants who reside within the exterior boundaries of the Tribe for either approval or renewal of licensure of the home.

2. Tribal social services shall submit licensing recommendations to the Governor for approval within thirty (30) days of the initial assessment, upon submission of licensure; the Governor shall have five (5) business days to review and approve/disapprove the recommendations.
3. No foster home should have more than four foster children placements, except in a case involving a sibling group or under exceptional circumstances.
4. A permanent change of residence of a foster family outside of the Tribe's exterior boundaries will automatically terminate the foster care license.
5. Foster care parents are required to notify the tribal social services program whenever a change of residence is contemplated.
6. The foster care parents must notify tribal social services whenever a change in the household occurs. For example, if one of the foster parents is convicted or is accused of a major crime or one of the parents moves out of the home, or any other person moves into the residence, tribal social services MUST be notified within 72 hours.
7. Tribal social services may inspect a foster care dwelling at any reasonable time, or at any time where there is a specific concern regarding licensure compliance or safety of a child. Tribal social services will inspect a home once each month unless otherwise ordered by the tribal court.
8. The Tribe's social services staff will not be licensed as foster parents due to a conflict of interest. They may, however, become licensed through another agency.

III. FOSTER HOME REQUIREMENTS

1. The foster home shall be constructed, arranged, and maintained so as to provide for the health and safety of all occupants.
2. Heating, ventilation, and lighting shall be sufficient to provide a comfortable atmosphere. Furnishing and housekeeping shall be adequate to protect the health and comfort of the foster child.
3. Comfortable beds shall be provided for all members of the family.
4. Sleeping rooms must provide adequate opportunities for rest.
5. All sleeping rooms must have a window of a type that may be opened readily and may be used for evacuation in case of fire.

6. A working smoke detector must be in place and in working order. A fire escape plan to the exterior should be in place and explained at the time of the home study.
7. Play space shall be available and free from hazards, which might be dangerous to the life or health of the child.

IV. THE FOSTER FAMILY

1. All members of the household must be in good physical and mental health, and free of physical/mental illnesses that may adversely affect the health of the child or the quality and manner of his/her care.
2. Members of the foster family shall provide letters of reference and exhibit good habits, be responsible, who are viewed by most community members as being of good moral character.
3. Providers must be able to pass a criminal background investigation.
4. Members of the foster family must never have been convicted of a sex/child abuse offense or any violent crime and may not have any felony convictions within the last three years from the date of application.
5. Tribal social services are authorized to make a complete investigation to determine the adequacy of the foster care home if abuse or neglect is reported on the foster parent. It is the responsibility of the Tribe's Social Services (with assistance from law enforcement, if necessary, to remove the child from the foster home until the investigation is complete.
6. The person in charge of the foster home shall be of suitable temperament to care for the children, shall understand the special needs of the child and shall be capable of raising the child in a sound cultural supportive environment that promotes the child's development that enables the child to get along within the tribal community and the surrounding non-Indian community as well. Foster parents may introduce the foster child to Christianity if they are practicing Christians. In such cases, they should inform social services so this activity is specifically identified in the child's care plan.
7. Foster parents must be at least twenty-five years of age. The exception will be when a member of the foster child's family applies to care for its sibling and is between the age of 18 and 25 years of age. The adult sibling must demonstrate ability to provide a home and safe environment for the foster child and meet the same criteria as all other foster parent applicants. All foster parent applicants must be assessed by social services for physical and emotional stamina to deal with the care and supervision of a foster child.

8. The foster parents must be willing, when necessary, to cooperate with the biological parents and must be willing to help the family towards reunification as determined by the Tribe Social Services in conjunction with the Tribe's Tribal Court.
9. A foster home does not require both a male and female foster parent. Tribal social services, at their discretion, will certify a foster home with a single foster parent provided that foster parent displays the outstanding qualities necessary to raise a foster child.
10. The foster parent(s) will be willing to accept the goals and policies of the foster care program and be able to effectively follow through with all plans determined to be in the child's best interest.
11. The foster parent(s) will partake in permanency planning activities that involves the foster child.
12. The foster parent(s) will be required to complete a two and a half day training on foster care responsibilities, parenting for special needs, child development and family services and education classes and services available for foster parents. Additionally, foster parents must complete a continuing education class of at least eight hours, as identified by the social services program that will be required to maintain licensure.
13. The foster parent(s) shall treat the child as a member of the family. Each child is entitled to the same treatment as members of the family.
14. The foster parent(s) must have an income sufficient to care for the child placed in their home. Only in exceptional situations shall a family be licensed when the foster care payment is the primary source of income for the family.
 - a. Payment for foster parents is \$500.00 monthly
 - b. In the event that a child is with a foster parent longer than six (6) months the parent may request up to \$500.00 for bedding, clothing and any extra necessities that the foster child may need.
 - c. If a foster parent is in need of assistance of any monetary help with medical bills, or other emergency situations, assistance will be provided only if approved by Director of Social Services or any Tribe Tribal Official.
 - d. Foster children who receive SSI benefits will have the monthly foster care payment paid by the Tribe reduced to the amount essential to meet the \$500 monthly foster care payment.
15. For school age children, the foster parent must arrange to provide for childcare for those periods of time when both foster parents are employed. Infants and young children shall never be left alone without competent supervision. Children between the age of one month to five years will attend the Tribe Child

Development Center and children between ages six to 18 years will attend public or private school as approved in the child's Social Service case plan.

16. The foster parent(s) will not release information pertaining to the foster child in public media (Facebook, etc.). The foster parents will release information only to the school in which the child is enrolled; to medical care providers; or other service providers included in the child's care plan. The social service office must approve all other releases of information. Release of unauthorized foster child information is a violation of the child's confidentiality.
The standards tribal social services will use in judging the above criteria shall be those of the Tribe.
17. A foster parent must comply with the reunification plan developed by social services. The only visitation with biological parents will be times established by the social services office. The foster parent must report to social services when biological parents attempt to visit the child outside of the times specified in the reunification plan.
18. Foster parents are mandated to notify tribal social services when they are leaving foster children with other relatives for an extended period of time. The foster parents must provide social services with the name of the temporary care taker, care taker's home address, and phone number. An emergency plan for medical care must be arranged with the temporary caretaker in the absence of the foster parent.

V. THE FOSTER CHILD

1. The daily routine of a foster child shall be such as to promote education, good health, rest, and play habits.
2. The responsibility for the child's health care shall rest with the foster parent(s).
 - A. In case of sickness or accident to a child, it is mandated that tribal social services be contacted immediately. Foster parents will be assisted in obtaining a Medicaid card for the foster child, as well as provide the Indian Health Service (IHS) card number for medical services through IHS.
 - B. Foster care parent (s) may consent to surgery or other treatment in a medical emergency, but are mandated to contact tribal social services as soon as the medical provider determines surgery is necessary.
3. The foster care parent(s) or their family members shall not subject the child to verbal abuse, derogatory remarks about the foster child, the child's natural parents or relatives and/or threats to expel the child from the foster home.

- A. No child shall be deprived of meals, mail or family visits (when authorized by Tribal Social Services or the Tribal Court) as a method of discipline.
4. Discipline shall be administered by the foster parents in such a way as to help the child develop self-control and learn to assume responsibility for his/her actions and shall be administered with understanding and reason.
5. No family member of the foster parents shall discipline the child.
6. Task and work assignments shall be appropriate to the age and abilities of the child and should not interfere with school, health and necessary recreation. All foster parents' family members should work equally in the home.

VI. PHYSICAL CHARACTERISTICS OF FOSTER HOME

1. Tribal social services shall inspect the entire premises and property of the foster parent to ensure licensing requirements are met. Social services will write a report on the inspection for inclusion in the foster parents' applicant file.
2. The house and premises must be clean and free from hazards that jeopardize health and safety of the foster child and family members. Social services will conduct health inspections during monthly home visits.
3. The home must comply with any tribal fire inspection codes and tribal ordinances. Any physical changes to the home will need to be re-inspected to insure that no deficiencies exist. Any deficiency identified by social services will be corrected within a certain period of time set by social services. The foster parent will receive a letter providing them with a description of the deficiency and timeline for making the corrections. Once the corrections are made, social services will conduct an inspection to ensure compliance of the home for licensure.
4. Each foster home must be equipped with a smoke alarm/detector and fire extinguisher. This equipment must be checked periodically to show they are in excellent working order.
5. Windows, doors and lights must be in good working condition to show that they can be used in the plan of escape route in case of fire.

VII. REVOCATION OF FOSTER CARE LICENSE

1. The Tribal social services foster care program may revoke foster care licenses when the licensee has substantially violated any provision of these Standards.

2. The tribal social services foster care program shall give the licensee written notice within three (3) business days from the time of violation. The Social Service representative will provide a written document as to the grounds for revocation of the foster care license. The notice will be hand delivered to the foster home parent(s).

VIII. ADMINISTRATIVE HEARING

1. Any licensed foster parent (s) whose license has been revoked has the right to request an administrative hearing by the Tribe Governor or Tribal Court.
2. A request for such a hearing must be filed within ten (10) business days of receipt of the written notice of revocation of license, to the Governor of the Tribe
3. The foster parent (s), Governor, Social Services, Law Enforcement, (if applicable), and any other parties directly involved in the matter pertaining to the violation may attend the hearing.
4. A final determination of revocation following a hearing will be based on the decision of the Governor.
5. During the time of violation up until the final outcome of the hearing, the foster child will be placed in an emergency foster home.
6. A determination by the Governor of no violation of licensure will result in the return of the child to the foster parent with a plan to be developed by social services for weekly monitoring until which time the child is reunified with the biological parents.

APPLICATION FOR FOSTER HOME CARE

TRIBE SOCIAL SERVICES

APPLICATION FOR FOSTER HOME CARE

FOR OFFICE USE ONLY:

Date Applied: _____ Pending: _____ Date Approved: _____ Date Denied _____

Authorized Representative Signature: _____

Print Name: _____ Title: _____ Date: _____

APPLICATION FOR FOSTER HOME CARE

I. General Information:

Full Name of Foster Mother Applicant: _____

Full Name of Foster Father Applicant: _____

Home Phone _____ Cell Phone(s) _____

Address _____

City _____ State _____ Zip _____

Directions to home and description of house: _____

II. Identification Information:

A. All adults (**18yrs or older**) living in the home including foster parent(s)

Name	Date of Birth	Social Security #	Drivers License #	Tribal Enrollment #	Relationship To Applicant

B. Please fill out for each adult living in the home (*ask for additional forms if needed*):

Name: _____ Nationality/Tribe: _____

Religious Affiliation: _____ Highest Level of Education: _____

Current Job Title: _____ Employer: _____

Work Phone: _____ Email: _____

Length of Present Employment: _____

Current work schedule: _____ How often does your work schedule change? _____

Circle One: Married / Single / Divorced / Widowed / Domestic Partnership

Date of current marriage: _____ Significant Other: _____

Name: _____ Nationality/Tribe: _____

Religious Affiliation: _____ Highest Level of Education: _____

Current Job Title: _____ Employer: _____

Work Phone: _____ Email: _____

Length of Present Employment: _____

Current work schedule: _____ How often does your work schedule change? _____

Circle One: Married / Single / Divorced / Widowed / Domestic Partnership

Date of current marriage: _____ Significant Other: _____

C. All children (***under 18yrs old***) living in the home:

Name	Date of Birth	Social Security #	School and Grade	Tribal Enrollment #

D. All children living outside the home (***regardless of age***):

Name	Date of Birth	Social Security #	School/Work	Home Address	Tribal #

III. Home Environment:

How many bedrooms are in the home? _____ Bathrooms? _____

Does your home have an outside, fenced in area? _____

How long have you lived at your current residence? _____

Do you have (***Please Circle***): _____ If No to any, please explain:

Electricity? YES/NO _____

Gas? YES/NO _____

Water? YES/NO _____

Languages spoken in the home: _____

Do you have any pets? _____ If so, what kind: _____

Do you own a car(s)? _____ If so, vehicle year and make: _____

vehicle year and make: _____

vehicle year and make: _____

If not, what is your means for transportation? _____

What are your family's main interests and activities? _____

Do you belong to any social organizations? _____ If so, please identify

IV. Family Life:

A. Childcare (*Please Check Each that Applies*):

_____ I/We take care of my/our own children in the home.

_____ I/We use a private babysitter to take care of my/our children. His/her name is _____, relationship (if any) is _____.

_____ My/Our children attend daycare on these days _____.

_____ All my/our children attend school. When they are not in school they are cared for by _____

B. Parenting:

What type of discipline methods do you use on your children: _____

In your own words, describe how you parent (ie. responsibilities, expectations, etc.): _____

C. Marriage/Relationship:

It is not uncommon for couples to experience conflict within their relationship. You are not expected to be in a perfect relationship. Please answer the following questions honestly in order to show how you and your significant other relate to each other.

Are you happy/satisfied with your current marriage/relationship (**Check One**)?

- _____ Very Much
- _____ Average
- _____ Fair

*Would you and your significant other be interested in receiving counseling services to help with the adjustment of being foster parents? _____

Regarding decision making and planning in your home (Please Check One):

- _____ I make all or most of the decisions
- _____ My spouse/significant other makes all or most of the decisions
- _____ My spouse/significant other and I make all or most of the decisions together.

D. Health:

Do you or any member of your family have any major health concerns currently or in the past? ___ YES ___ NO If yes, please explain (person, issue, & meds): _____

Are you or any member of your family currently taking any prescribed medications? If yes, what medications and why: _____

Do you currently have medical insurance? YES NO

Who is your family's primary care provider? _____

Do you consume any alcoholic beverages? _____ If yes, which ones and how often? _____

How many miles do you live from the nearest hospital or clinic? _____

V. Finances:

A. Household Income:

Monthly Wages:-----\$ _____

Monthly Benefits:-----\$ _____
(ie. SSI, SS, Retirement, Unemployment)

Other Monthly Income:-----\$ _____

Total: \$ _____

B. Household Bills:

Monthly Vehicle Payment-----\$ _____

Monthly Credit Card Payments-----\$ _____

Monthly Mortgage/Rent-----\$ _____

Monthly Food Expenses-----\$ _____

Monthly Utilities-----\$ _____

Monthly Auto and Home Insurance--\$ _____

Monthly Phone Payment-----\$ _____

Monthly Internet Payment-----\$ _____

Monthly TV Services-----\$ _____

Monthly Loan Payments-----\$ _____

Other Debt-----\$ _____

Total: \$

VI. References:

Please list three people for character reference (preferably unrelated)

1. Name: _____
Phone number: _____
Address: _____
Occupation: _____
How do they know you? _____
How long have they known you? _____

2. Name: _____
Phone number: _____
Address: _____
Occupation: _____
How do they know you? _____
How long have they known you? _____

3. Name: _____
Phone number: _____
Address: _____
Occupation: _____
How do they know you? _____
How long have they known you? _____

VII. Background Check

Have you or any member of your family ever been arrested? ___

If yes, please complete the following:

Name	Date	Charge	Location	Arresting Agency	Conviction?

By signing below, I agree that all of the above information is true and correct to the best of my knowledge.

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Applied _____ Date Approved _____ Date Denied _____

Authorized Representative Signature _____

Print Name and Title _____

REQUEST FOR BACKGROUND CHECK



The Application Form also includes the “Release of Information.” By signing the background investigation form we understand that certain information will be released to the investigator to complete the Foster Care Application.

TRIBE
SOCIAL SERVICES DEPARTMENT
[INSERT ADDRESS HERE]
Phone: xxx-xxx-xxxx or Fax: xxx-xxx-xxxx

REQUEST FOR BACKGROUND INVESTIGATION

Applicant's Name: _____ Address: _____

Spouse's Name: _____ Maiden Name: _____

Applicant's Social Security Number: ____ - ____ - ____ Date of Birth: _____

Spouse's Social Security Number: ____ - ____ - ____ Date of Birth: _____

INFORMATION REQUIRED:

- **Tribal Misdemeanor convictions or expulsion from tribal exterior boundaries due to drug abuse or sexual abuse**
- **Convictions in the State of [state] for misdemeanors (not traffic violations) and/or felony convictions**
- **Convictions in the Federal Court of the United States for felony convictions**
- **Any documented Child Protection Service Investigation on allegation of child abuse**

REASON FOR REFERRAL:

Applicant is applying for Family Foster Care License for Tribe. This background check is required by law for the applicant and family members listed to have background check be made prior to issuance of a Family Foster Care License. The applicant(s) acknowledges and consents to the requirements of releasing any and all information necessary for the background check.

Requester: _____ Title: _____ Date: _____

Approved by: _____ Title: _____ Date: _____

RESPONSE FROM REPORTING AGENCY:

Signature: _____ Printed Name: _____

Title: _____ Agency: _____

Date: _____ Phone: _____

TRIBE
SOCIAL SERVICES DEPARTMENT
[INSERT ADDRESS HERE]
Phone: xxx-xxx-xxxx or Fax: xxx-xxx-xxxx

REFERENCE CHECK

Dear

Your name has been given as a reference by _____
who is/are interested in our Family Foster Care Program. Please consider, thoughtfully, the items listed and be frank in writing your comments. Strict confidence within the provision of the law will be observed.

A. As potential Caretakers:

1. How long have you known the applicant(s)?
 - A. What is the nature of our relationship to the applicant(s)?

2. Has the applicant(s) discussed with you a desire to provide foster care for children?

3. How do you think the applicant(s) would adapt to the needs of the child(ren)?
 - A. What characteristic have you seen that would help in working with children?

4. How do you think a new child would fit into the applicant(s) lifestyle?

5. Describe your observation of the applicant(s) with children (i.e., neighborhood children, church, and friends.)
 - A. What is the extent of their experience with children from your viewpoint?

6. If the applicant(s) has/have children of their own, describe the parents' relationship with their children?
 - A. What discipline methods are used?

B. As individuals:

1. Describe their as you see it. If the applicant is single, describe his/her social life, as you know it.

2. How well do they get along with their own families?

3. What are their spiritual and moral standards?

4. Are they active in community affairs?

A. Do they have a feeling of responsibility to their community, school, church, etc...?

5. What interests, hobbies and other activities do they participate in?

6. Make any additional comments that you feel will help us evaluate this family or applicant.

Signature: _____ Date Completed: _____

We appreciate your time and interest in helping us to evaluate our potential client. Thank you for all the information you have provided. Please return this completed evaluation at the earliest date possible. Please mail or hand deliver the evaluation to:

Tribe
Social Services Department
[Insert address here]

Release of Personal Information

Tribe
SOCIAL SERVICES DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby request the disclosure of my personal information as requested for a criminal background check in order to qualify as a foster parent for the Tribe Social Services Foster Care Program.

The information should only be released to the Tribe Social Services Department, and/or the Tribe Tribal Police, and/or the Tribe Tribal Court for the sole purpose of qualifying for licensure by the Tribe as a foster parent.

The address for the three Tribe agencies is [insert addresses here]. Information is to be provided in writing and may only be disclosed to the three tribal agencies identified in this release.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken into reliance on this authorization. If this authorization has not been revoked, it will terminate one year from the date of my signature.

This information is to be released for the purpose stated above and may not be used by the recipient for any other purpose. Any person who knowingly requests or obtains any record concerning an individual from a Federal agency under false pretense shall be guilty of misdemeanor (5 U.S.C. 55a (i)(3)). In the case of alcohol and drug abuse patient records, a falsified authorization of disclosure is also prohibited under 42 CFR 2.3(d).

Applicant Signature: _____ Date: _____

Printed Name of Applicant: _____

Social Security Number: _____ D.O.B. _____

Witness: _____ Date: _____

TRIBE

Foster Care

License

Insert Logo/
Image

Tribe Social Services

FOSTER HOME LICENSE

This is to certify that

Name(s)

Is/are licensed to maintain a foster home at

Address: Street

City

State

Zip Code

County

Issue Date: _____

Expiration Date: _____

Licensee(s) is/are CERTIFIED AS MEETING ALL LICENSING STANDARDS

By the Tribe Social Services Department

[insert address]

Phone: (xxx) xxx-xxxx

This License is Not Valid for any Person(s) or Address not Shown on its Face. This License is Valid for One (1) Year from Date Issued

[insert name], Governor

Date

[insert name], Lieutenant Governor

Date