



FOSTER CARE PROGRAM COVER SHEET

DOCUMENTS TO BE ATTACHED WITH APPLICATION

- VERIFICATION OF MONTHLY INCOME
- PROOF OF RESIDENCY (Utility bill, lease agreement, etc.)
- MEDICAL COVERAGE
- W-2/ OR PREVIOUS YEAR'S TAX RETURN
- PREVIOUS ADDRESSES (if moved within the last 5 years)
- COPY OF TRIBAL ID
- COPY OF DRIVER'S LICENSE
- COPY OF SOCIAL SECURITY CARD



**COEUR D'ALENE TRIBAL SOCIAL SERVICES
INDIAN CHILD WELFARE PROGRAM/ FAMILY FOSTER CARE & ADOPTION
APPLICATION**

1120 B STREET / P.O. BOX 408 PLUMMER, IDAHO 83851
PHONE: (208)686-2027 FAX: (208)686-2059

CHECK ALL THAT APPLY: Foster Care Foster Respite Care Relative Adoption

If you are applying for a specific child(ren), please note the full name(s) and your relationship.
***NOTE:** Children must be in the care of the Indian Child Welfare at the time of application; we **do not** certify homes for children who potentially could come into care.

LAST NAME	FIRST NAME	DATE OF BIRTH	GENDER	RELATIONSHIP TO CHILD

APPLICANT 1 (PRIMARY)		APPLICANT 2 (SECONDARY)	
NAME (LAST, FIRST, MIDDLE)		NAME (LAST, FIRST, MIDDLE)	
SSN:		SSN:	
DATE OF BIRTH:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER	DATE OF BIRTH:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER
RACE/ETHNICITY:		RACE/ETHNICITY:	
CONTACT INFORMATION:	PRIMARY:	CONTACT INFORMATION:	PRIMARY:
CELL PHONE: ()	<input type="checkbox"/>	CELL PHONE: ()	<input type="checkbox"/>
HOME PHONE: ()	<input type="checkbox"/>	HOME PHONE: ()	<input type="checkbox"/>
WORK PHONE: ()	<input type="checkbox"/>	WORK PHONE: ()	<input type="checkbox"/>
EMAIL ADDRESS:		EMAIL ADDRESS:	
MAIDEN NAME (Also list all other former married name(s) or alias if applicable.)		MAIDEN NAME (Also list all other former married name(s) or alias if applicable.)	
EDUCATION (OR HIGHEST GRADE COMPLETED)		EDUCATION (OR HIGHEST GRADE COMPLETED)	
OCCUPATION	YEARLY INCOME (GROSS)	OCCUPATION	YEARLY INCOME (GROSS)
MARITAL STATUS (Married, Single, Separated, Divorced, Widowed) (If currently married, please provide date and place of marriage.)		MARITAL STATUS (Married, Single, Separated, Divorced, Widowed) (If currently married, please provide date and place of marriage.)	
↑ STREET ADDRESS	CITY	STATE	ZIP CODE
↑ MAILING ADDRESS	CITY	STATE	ZIP CODE

PLEASE ANSWER THE FOLLOWING QUESTIONS

IS YOUR HOME: OWNED RENTED OTHER

IF OTHER, EXPLAIN:

HAVE YOU CONSECUTIVELY LIVED IN THE STATE OF IDAHO FOR THE PAST FIVE YEARS?

YES NO

IF NO, PLEASE LIST ALL PREVIOUS ADDRESSES FOR EACH APPLICANT FOR THE PAST FIVE YEARS:

NAME (LAST, FIRST, MIDDLE)	CITY	COUNTY AND STATE	DATES (Move-in to Move-out)

OTHER PERSONS LIVING IN HOUSEHOLD (please list anyone else living in your home or residing on your property (i.e., children, relatives, roommates).)

NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	SEX M/F/O	RELATIONSHIP TO APPLICANT	RACE/ETHNICITY	SSN#

HAVE OTHER ADULTS LIVING IN THE HOME AND/OR ON YOUR PROPERTY RESIDED OUTSIDE THE STATE OF IDAHO IN THE PAST FIVE YEARS?

YES NO

IF YES PLEASE LIST ALL PREVIOUS ADDRESSES FOR EACH ADULT FOR THE PAST FIVE YEARS:

NAME (LAST, FIRST, MIDDLE)	CITY	COUNTY AND STATE	DATES (Move-in to Move-out)

***NOTE:** There are specific requirements regarding home environment safety, by answering yes to the questions below does not necessarily prevent you from proceeding with the licensure process; however, it may require further conversations with your licensing specialist.

IS THERE ANYTHING ABOUT YOUR HOME, YARD, NEIGHBORHOOD THAT COULD POTENTIALLY BE DANGEROUS TO CHILDREN (i.e. animals, trampoline, irrigation canals, pools, bodies of water, etc.)? YES NO

IF YES, EXPLAIN:

DO YOU OWN FIREARMS? YES NO

IF YES, DESCRIBE WHERE THE FIREARMS ARE LOCATED AND HOW THEY ARE SECURED:

***NOTE:** Your answer to these questions will not necessarily prevent you from the certification process; however, it may require a further conversation and assessment.

THOSE IN THE HOUSEHOLD WHO DRIVE:	APPLICANT 1 (PRIMARY)		APPLICANT 2 (SECONDARY)		OTHER ADULT	
	YES	NO	YES	NO	YES	NO
a. Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are there any restrictions on your license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you have automobile liability/medical insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAS APPLICANT OR ANY OTHER MEMBER OF THE HOUSEHOLD:						
a. Had a serious injury, illness or hospitalization during the past year, have a history of mental or physical limitations, or is currently taking medication? If yes, please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Been arrested? If yes, please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever been the subject of a child or adult protection investigation? If yes, please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Have ever been a licensed foster parent or adopted a child before? If yes, please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Had a license to care for children or adults suspended or revoked? If yes, please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***How did you learn of the Tribe's need for foster families:**

QUALIFICATIONS MUST INCLUDE:	
1) Desire to love and parent a child.	6) Substance abuse free.
2) An understanding of children.	7) Attend trainings (online or in person provided at no cost).
3) Patience and flexibility.	8) Obtain foster parent certification.
4) Provide a safe and stable home (self-supporting).	9) Live on or near the Cd'A reservation and/or have close ties to the tribe.
5) Pass criminal background check.	10) Provide for the cultural needs of the child.

Release/Consent

(Please sign and date this Release/Consent after completing application)

I/we hereby submit above application to foster and/or adopt children placed in my/our home by the Coeur d'Alene Tribe. I/we give consent for the Coeur d'Alene Tribe foster care certification and/or adoption units to seek relevant information as named herein. I/we understand this information will be used only for the determination of suitability to foster and/or adopt and that any and all information will be kept confidential. I/we understand that we will be required to complete a criminal history background check which includes being fingerprinted. I/we understand that this application is an expression of interest and may be withdrawn by me/us at any time. By my signature, I certify the information given in this application is, to the best of my knowledge, true and correct. Failure to disclose all relevant information may be grounds for denial of this application or revocation of a certificate. Failure to provide complete required information and comply with certification requirements may result in a delay of processing the application and timely certification.

_____ APPLICANT 1 (PRIMARY) SIGNATURE	_____ DATE	_____ APPLICANT 2 (SECONDARY) SIGNATURE	_____ DATE
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***Completion of this form is a step in the application process and does not guarantee the application will be approved.**