



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

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 submit names, addresses and phone numbers of four persons to serve as references to your and/or the co-applicants' morally upstanding character. All references you and/or the co-applicant must be 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 over the age of 18 years in the household as well as proof of insurances for all adult drivers over the age of 18 years in the household****