

**PASCUA YAQUI TRIBE – DIVISION OF SOCIAL SERVICES**

**FOSTER CARE – APPLICATION**



**Please Print**

**(If a section does not apply write N/A-not applicable)**

**PART 1. PERSONAL DATA**

<b>Applicant #1 Information</b>	<b>Applicant #2 Information (if joint application)</b>
FULL LEGAL NAME (Last, First, Middle)	FULL LEGAL NAME (Last, First, Middle)
Other Names Used (Maiden Name/etc.)	Other Names Used (Maiden Name/etc.)
COMPLETE PHYSICAL ADDRESS (No., Street, City, State, ZIP)	COMPLETE PHYSICAL ADDRESS (No., Street, City, State, ZIP)
COMPLETE MAILING ADDRESS (If different from Physical Address)	COMPLETE MAILING ADDRESS (If different from Physical Address)
E-MAIL ADDRESS (If applicable)	E-MAIL ADDRESS (If applicable)
D.O.B.:	D.O.B.:
Social Security Number:	Social Security Number:
Tribe or Ethnicity:	Tribe or Ethnicity:
Enrollment Number:	Enrollment Number:
Are you a U.S. Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone Numbers: Home: _____ Work: _____ Cell: _____ May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Numbers: Home: _____ Work: _____ Cell: _____ May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Religious Preference, if applicable:</b>	<b>Religious Preference, if applicable:</b>
Are you involved in the Tribal ceremonies during lent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you involved in the Tribal ceremonies during lent? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you or your co-applicant ever applied to be certified or licensed to care for a child in any other state or tribe? (Ex. Adoption, Foster Care, Childcare Provider, etc.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer next question.	
Licensed/Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out info below.	Licensed/Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out info below.
Type of Care: _____ Date of License: State Licensed/Certified:	Type of Care: _____ Date of License: State Licensed/Certified:
Agency:	Agency:
Phone Number:	Phone Number:
<b>Have you or your co-applicant ever had this type of license/certification denied, suspended or revoked?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
License#:	License#:
State:	State:
Expires:	Expires:

**PART 2. MARITAL HISTORY**

<b>Applicant #1</b>	<b>Applicant #2</b>
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**Current Marriage**

Date and Place:	Date and Place:
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**Previous Marriage(s)** *(Attach another sheet of paper as needed for completion of this section.)*

Name of Former Spouse (Last, First, Middle)	Name of Former Spouse (Last, First, Middle)
Date of Marriage and termination (e.g. divorce, etc.) From: _____ To: _____	Date of Marriage and termination (e.g. divorce, etc.) From: _____ To: _____
Reason for ending Marriage (brief/simple explanation)	Reason for ending Marriage (brief/simple explanation)

**PART 3. EDUCATION HISTORY**

*Please indicate the highest level completed & any college education/degrees earned.*

<b>Applicant #1</b>	<b>Applicant #2</b>
Highest Grade completed:	Highest Grade completed:
Degree(s)/Certification(s), if applicable: _____ _____	Degree(s)/Certification(s), if applicable: _____ _____

**PART 4. RESIDENCE HISTORY**

*Have you or your co-applicant ever lived on another reservation at any time in your life?*  Yes  No

*If yes, what reservation and dates lived on that reservation?*

<b>Applicant #1</b>	<b>Applicant #2</b>
Reservation: _____ Dates: From: _____ To: _____	Reservation: _____ Dates: From: _____ To: _____

*Residence: List each address where you've lived in the past 5 years, not including current address. (Attach another sheet of paper as needed for completion of this section.)*

<b>Applicant #1</b>	<b>Applicant #2</b>
Address (Box/Street, City, State, ZIP)	Address (Box/Street, City, State, ZIP)
Dates From: _____ To: _____	Dates From: _____ To: _____
Address (Box/Street, City, State, ZIP)	Address (Box/Street, City, State, ZIP)
Dates From: _____ To: _____	Dates From: _____ To: _____

**PART 5. EMPLOYMENT HISTORY**

List history for the past 5 years. (Attach another sheet of paper as needed for completion of this section.)

Applicant #1	Applicant #2
Current-Employer	Current-Employer
Address (City, State, ZIP)	Address (City, State, ZIP)
Position/Title	Position/Title
Hrs. Worked	Hrs. Worked
Reason for leaving:	Reason for leaving:

**PART 6. HOUSEHOLD MEMBERS**

Please list the following information for ALL members of your household (Attach another sheet of paper as needed for completion of this section.)

FULL NAME (Last, First, Middle)	D.O.B.	S.S. #	Gender	Relationship to applicant	Adopted?
			<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list the following information for ALL minor/adult children living OUTSIDE of the home. (Attach another sheet of paper as needed for completion of this section.)

FULL NAME (Last, First, Middle)	D.O.B.	S.S. #	Gender	Address	Phone Number
			<input type="checkbox"/> F <input type="checkbox"/> M		
			<input type="checkbox"/> F <input type="checkbox"/> M		
			<input type="checkbox"/> F <input type="checkbox"/> M		

Person(s) residing on the premises of your home:

In addition to the household members listed above, will there be any other individuals residing on the premises?  Yes  No

If yes, will they have direct or unsupervised access to a foster or adoptive child placed in your care?  Yes  No

If you answered YES to either question, please fill out the following information:

FULL NAME (Last, First, Middle)	D.O.B.	S.S. #	Gender	Relationship to Applicant	Length of time on premises
			<input type="checkbox"/> F <input type="checkbox"/> M		
			<input type="checkbox"/> F <input type="checkbox"/> M		
			<input type="checkbox"/> F <input type="checkbox"/> M		

**PART 7. COURT/CRIMINAL HISTORY**

Have you or anyone in your household ever been arrested, excluding a minor traffic violation?  Yes  No

Please also refer to the Criminal Records Statement form. You must include the details of any criminal convictions on that form.

Please indicate if you or the co-applicant has ever been a party involved in any of the following:

App. #1	App. #2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allegations of abuse or neglect of a child
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allegation of abandonment of a child
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dependency action regarding a child
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Delinquency/Incorrigibility regarding any of your children
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Termination/Severance of parental rights
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adoption
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Custody
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal Proceedings
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Filed for or declared bankruptcy
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lawsuit filed against you

**PART 8. REFERENCES**

Character References: please provide the name of three individuals who have known you for at least one year and can attest to your character. Only one can be a relative. If co-applicants, at least one of the references must know both of you.

Full Name	Years Known	Address	Relationship	Phone Number

**PART 9. FINANCIAL INFORMATION**

Please provide proof of ALL income for last 60 days.

MONTHLY INCOME	NET
Name:	\$ _____
Name:	\$ _____
Other Income (Specify):	\$ _____
<b>Total Income:</b>	<b>\$ _____</b>
MONTHLY EXPENDITURES	
Groceries	\$ _____
• Food (estimate or food stamp amount)	
Housing	\$ _____
• Mortgage/Rent property payment ( <i>need copy of lease/mortgage statement if changed from original application</i> ) or if mortgage is paid off, property taxes (tax statement) and property insurance (statement)	
• Gas	\$ _____
• Water/Sewer	\$ _____
• Electric	\$ _____

Other Estimated Monthly Expenses	
• Child Care	\$ _____
• Child Support ( <i>need copy of stub</i> )	\$ _____
Installment Payments	
• Auto Payments ( <i>Payment stub, if applicable</i> )	\$ _____
• Auto Insurance ( <i>need copy insurance card</i> )	\$ _____
<b>Total Monthly Expenses:</b>	
	\$ _____

**PART 10. REASON FOR APPLYING FOR FOSTER CARE**

Applicant #1	Applicant # 2
Are you applying for a relative placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate how your related:	Are you applying for a relative placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate how your related:
Are you applying to provide standard services Foster Care services? <input type="checkbox"/> Yes <input type="checkbox"/> No [STANDARD FOSTER CARE SERVICES IS RECOMMENDED DUE TO LICENSE BEING VALID FOR 2 YEARS].	Are you applying to provide general Foster Care services? <input type="checkbox"/> Yes <input type="checkbox"/> No [STANDARD FOSTER CARE SERVICES IS RECOMMENDED DUE TO LICENSE BEING VALID FOR 2 YEARS].
Please check which services you would like to provide ( <i>standard service includes all three</i> ): <input type="checkbox"/> On-Going <input type="checkbox"/> Respite <input type="checkbox"/> Emergency	Please check which services you would like to provide ( <i>standard service includes all three</i> ): <input type="checkbox"/> On-Going <input type="checkbox"/> Respite <input type="checkbox"/> Emergency

**PART 11. CONSENTS AND DISCLAIMERS**

Please initial each of the following:

\_\_\_\_\_ I authorize the Pascua Yaqui Tribe – Social Services Department, Foster Care Program to receive information from the following sources and organizations: Department of Human Services, Court (State and/or Tribal), Lawyers, and Referral Source.

\_\_\_\_\_ I release the Pascua Yaqui Tribe – Social Services Department and its agents and employees from any and all liabilities, responsibilities, damages, and claims which may result from the release of information authorized herein. I understand that the consent for release is subject to revocation by me at any time except to the extent that action has been taken in reliance on the consent prior to the revocation.

\_\_\_\_\_ I understand that foster care reimbursement is intended to fund the cost of meeting the child’s needs and is not an additional source of income.

\_\_\_\_\_ I understand that the complete application process includes verification of compliance with all licensing rules, including fingerprinting, criminal record and protective services records check, inspection of the safety of the home, and assessment of all household members, an analysis of my financial stability, and a statement from my physician.

**I certify that the information given on this form Pascua Yaqui Tribe – Foster Care Application is true and accurate to the best of my knowledge.**

Applicant #1 Print	Applicant #1 Signature	Date
Applicant #2 Print	Applicant #2 Signature	Date