

# Foster Care Document Instructions

- 1.) All household member's 18 and older must complete a Criminal Record Statement.  
[Department of Public Safety, Department of Child Safety & Tribal Background Check must be completed for all household member 18 & over].
- 2.) There are two Physician forms for each applicant. (If only one applicant; then the other form does not apply).
- 3.) Three Reference forms (this should be completed by one relative, two non-relative).
  - All other documents must be completed by applicant(s).

**PASCUA YAQUI TRIBE - DIVISION OF SOCIAL SERVICES  
FOSTER CARE PROGRAM - CRIMINAL RECORD STATEMENT**



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*A conviction is any plea of guilty or no contest, or a verdict of guilty. A Department of Public Safety - finger print check will be completed to verify criminal records.*

Have you ever been convicted of a crime in Arizona? YES  NO

Have you ever been convicted of a crime from another Tribe, State, Federal court, Military or jurisdiction outside of the United States? YES  NO

Have you ever been arrested for a crime against a child or abuse against any person(s)? YES  NO

**Criminal convictions from another State of Federal court are considered the same as criminal convictions in Arizona.**

If you answered yes to any of the above questions give details on the back of this page. Indicate the nature and the circumstance of each crime and the date and location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions:

- It happened a long time ago
- It was only a misdemeanor
- You didn't have to go to court (your attorney went for you)
- You had no jail time or the sentence was only a fine or probation
- You received a certificate or rehabilitation
- The conviction was later dismissed, set aside or the sentence was suspended.

**NOTE: If the criminal background check reveals any convictions that you did not disclose on this form, your failure to disclose the conviction will result in an exemption denial, license application denial, license revocation, or exclusion from a licensed facility.**

**I declare that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_ P.O.B. \_\_\_\_\_

Driver License: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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FOSTER CARE PROGRAM - CRIMINAL RECORD STATEMENT**



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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PASCUA YAQUI TRIBE - DIVISION OF SOCIAL SERVICES  
FOSTER CARE PROGRAM - HOME REFERENCE LETTER



Dear: FOSTER CARE PROGRAM \_\_\_\_\_ :

\_\_\_\_\_ **[Applicant Name(s)]** Is/are presently undergoing licensing for the Pascua Yaqui Tribe Foster Care Program, and have given your name as a person who knows about their ability to care for children. Your comments will be greatly appreciated. The information received from you will be used only in regard to this application. We would like your response to the following questions. Please answer them as briefly, honestly and to the best of your knowledge.

1. How did you become acquainted with the applicant? How long have you known them?
2. What are your impressions of them as a family?
3. How would you describe them as parents in general? How well do you think they would care for children other than their own? Do you believe they would care for other people's children as you would want them to take care of your children? Please explain:
4. To your knowledge, what form of guidance and discipline do they use?
5. What special skills or qualities do the applicants have to offer foster children?
6. Do you believe that all persons living in the applicant's home are of responsible character to assure the welfare of children? Please explain:

Signature \_\_\_\_\_ Date \_\_\_\_\_

You may mail the reference letter directly to the Foster Care Coordinator or drop off at one of office locations to the address noted below. Your immediate response is greatly appreciated. If you have any questions, please do not hesitate to call the Foster Care Coordinator.

Foster Care Coordinator Telephone: (520) 883-5060 or (480) 768-2000

Fax: (520) 879-6326

**Tucson:** 4730 W. Calle Tetakusim

Tucson, AZ 85757

**Guadalupe:** 9405 S. Avienda del Yaqui

Guadalupe, AZ 85283

PASCUA YAQUI TRIBE - DIVISION OF SOCIAL SERVICES  
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**PASCUA YAQUI TRIBE - DIVISION OF SOCIAL SERVICES  
FOSTER CARE PROGRAM  
POLICIES AND STANDARDS & FOSTER HOME AGREEMENT**



I \_\_\_\_\_ Acknowledge I have received the Pascua Yaqui Social Services Foster Care Home Licensing Standards.

I understand I need to familiarize myself with the policies contained in this booklet and agree to abide by them. If any questions arise, or if clarification is needed I agree to contact the Foster Care Coordinator.

I also understand the handbook is currently being updated; therefore, I may be required to follow additional policies in the near future.

**FOSTER PARENTS OPERATING FOSTER HOMES AGREE TO:**

1. Provide facilities, food, and suitable beds for children placed in the homes.
2. Abide by all rules, regulations and standards for Pascua Yaqui Tribal Foster Homes.
3. Obtain medical care when needed.
4. Use discipline judiciously (with care) and do not conduct corporal punishment or delegate to any other person(s).
5. Notify the Tribal Foster Care immediately of any changes of address, marital status, family constellation or income.
6. Cooperate with the Tribal Foster Care in providing for the child's welfare.
7. Keep information about the child/ren confidential.
8. Notify the assigned Child Protective Service (CPS); or supervisor immediately of any illness or accidents of children placed in your care.
9. Ensure that children attend school.
10. Provide a safe, caring and healing home for children placed in your home through Child Protective Services.

**THE PASCUA YAQUI CHILD WELFARE PROGRAM AGREES TO:**

1. Provide medical care through available resources for each child placed in a home.
2. Provide funds for clothing based on the availability of funds.
3. Pay the allocated foster home amount each month for each child. If relative placement, department will refer to appropriate resources.
4. Remove children placed in the home within a reasonable time if requested by the foster parents.

**This agreement is immediately effective once children have been placed in your home through Child Protective Services (CPS); and when you have been approved as a Licensed Foster Care provider. This will remain effective for the duration of your Foster Care License, this may be terminated within thirty (30) days of notice to the Division of Social Service.**

\_\_\_\_\_  
Applicant #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2 Signature

\_\_\_\_\_  
Date

**PASCUA YAQUI TRIBE - DIVISION OF SOCIAL SERVICES**  
**FOSTER CARE PROGRAM**  
**STATEMENT OF CONFIDENTIALITY FOR FOSTER PARENTS**



Confidential information regarding Pascua Yaqui Tribal children who are wards of the court must be held confidential by all concerned parties. It is appropriate that some information be shared between the Pascua Yaqui Tribe - Division of Social Services employee(s) and the Foster parent(s). The sharing of confidential information brings certain responsibilities on behalf of the Foster parent(s) to guard the information with good judgment. Any sharing of information should always be done with carefully considered purpose in mind and to ultimately benefit the child.

Information about any foster child remains confidential even when the child is no longer with you and/or you are no longer a foster parent. Information remains confidential even when the child leaves Foster Care.

Information of Identity, Medical, and Behavioral, Educational or any other private individualized information cannot be discussed or released without the permission of an authorized Division of Social Services representative. There may be times when a foster parent is authorized and asked by the department to share information about a child with another foster parent, guardianship/adoptive parent, service team member or other's involved with the child. This communication can facilitate the child's adjustment in another placement, case planning assistance and other purposes.

If a foster parent is in doubt about how to handle confidential information you can refer to the assigned Division of Social Services - Child Protective Service (CPS) employee or Supervisor/Management.

I have read the Statement of Confidentiality for Foster Parent(s) and understand if violation occurs my Foster Care License may and can be suspended and/or revoked.

\_\_\_\_\_  
Applicant #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2 Signature

\_\_\_\_\_  
Date



PASCUA YAQUI TRIBE  
SOCIAL SERVICES DEPARTMENT



PHYSICIAN'S REPORT OF FOSTER PARENT APPLICANT

**NOTE TO EXAMINING PHYSICIAN:** The purpose of this examination is to determine whether the applicant is able – physically, emotionally, mentally – to carry on the duties of a parent.

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HISTORY OF PAST OR PRESENT MAJOR ILLNESSES AND/OR SURGERIES:

GENERAL PHYSICAL HEALTH:

GENERAL EMOTIONAL HEALTH:

IS THERE ANY REASON WHY THIS PERSON CANNOT HAVE CHILDREN OF HIS/HER OWN?

ARE THERE ANY MEDICAL OR EMOTIONAL PROBLEMS THAT INDICATE TO YOU THAT THIS PERSON MAY NOT BE QUALIFIED TO CARE FOR AND NURTURE CHILDREN?

Date: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Clinic address (No., Street, City, State, Zip Code)

**PASCUA YAQUI TRIBE  
SOCIAL SERVICES DEPARTMENT**



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**ADDRESS:** \_\_\_\_\_

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**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Physician's Name**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Clinic address (No., Street, City, State, Zip Code)**

**PASCUA YAQUI TRIBE - DIVISION OF SOCIAL SERVICES**  
**FOSTER CARE PROGRAM**  
**TRANSPORTATION AGREEMENT**

Child (ren) under any circumstances should not be transported in an uninsured vehicle or by an unlicensed driver.

State law requires insurance on all motor vehicles, used, on public streets and roads. Check with your insurance carrier to be sure that you are insured at least with the legal state minimum liability insurance. State law also requires that any person operating a motor vehicle have a valid Arizona driver's license.

If an emergency arises please ensure immediate medical attention is provided to all the child(ren) *[by seeking or using proper discretion at the scene of an accident and/or get medical examination for the child(ren) from their primary Doctor within 24 hours of any accident]*. Also, please ensure insurance company protocols are properly followed. It is the responsibility of the Foster parent to ensure child(ren) are transported by approved adults and/or approved transportation agencies arranged by the assigned Child Protective Service (CPS) personnel.

Children 5 - 8 years of age and less than 4ft, 10 inches must be buckled in a booster seat while riding in a motor vehicle. Children 4 years or younger must be transported in individual car seats.

- 1.) The Foster parent(s) must receive permission from the Child Protective Service (CPS) personnel to have another adult/agency transport the child (ren) [i.e. child care provider, family relative, 24/7, etc.].
- 2.) The Foster parent(s) must transport in a safe/maintenance vehicle.
- 3.) The Foster parent(s) must not transport child (ren) in truck beds, campers, or any tailored attachment to a motor vehicle.
- 4.) The Foster parent(s) must never leave a child unattended in a vehicle.
- 5.) The Foster parent(s) shall maintain first aid supplies in a privately owned vehicle used to transport children.
- 6.) The Foster parent(s) shall carry a child's emergency information.

I have read and fully understand the above written information and agree to comply with all requirements outlined within this form. I further agree not to allow the children in foster care to be transported in an uninsured vehicle or by an unlicensed driver while they are in my care.

I agree to call the Pascua Yaqui Tribe - On- Call Child Protective Service (CPS) personnel immediately, if there, is any emergency and to immediately call the paramedics for any serious and/or life-threatening injuries.

\_\_\_\_\_  
Applicant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant#2

\_\_\_\_\_  
Date

## FOSTER CARE SAFETY AWARENESS CHECKLIST



To prepare you for the application or annual visit of the licensing evaluator we ask you to assess your home using the following questions as a guide. Please hold this form to be completed by licensing evaluator.

### HOUSEKEEPING

- Are traffic patterns and stairways free of clutter?  YES  NO  N/A
- Is all garbage in sealed containers?  YES  NO  N/A
- Are screens and windows in good repair?  YES  NO  N/A
- Do you check your yard regularly for hazards such as glass, sharp objects, toadstools, and dog droppings?  YES  NO  N/A
- Is wood safely stacked with nails removed?  YES  NO  N/A
- Is your fence in good condition?  YES  NO  N/A

### FIRE SAFETY

- Are the numbers on your house easily seen from the street?  YES  NO  N/A
- Do you have a smoke detector device and a fire extinguisher?  YES  NO  N/A
- Are matches, lighters, candles, and other tempting fire hazards out of reach of children?  YES  NO  N/A
- Do you keep flammable liquids, such as gasoline and paint thinner, in appropriate containers, away from both heat and children?  YES  NO  N/A
- Are all flammables stored at least 18" away from the water heater and furnace?  YES  NO  N/A
- Are fireplaces and woodstoves protected by screens?  YES  NO  N/A
- Are there guards around the floor vents that become hot to the touch?  YES  NO  N/A
- Have you had your furnace and water heater checked within the last year?  YES  NO  N/A
- Do you know how to shut off the gas, electricity and water in case of an emergency?  YES  NO  N/A
- Do your window bars have quick releases?  YES  NO  N/A
- If you have a two-story house, do you have two means of exiting from the upstairs?  YES  NO  N/A

### ACCIDENT HAZARDS

- Are your motor vehicles properly maintained?  YES  NO  N/A
- Do your vehicles have appropriate seat belts?  YES  NO  N/A
- Are all cleaning solutions, disinfectants and cosmetics stored where children do not have access to them?  YES  NO  N/A
- Are all medicines including prescription and over the counter drugs locked?  YES  NO  N/A
- Are all poisons locked in a box or cabinet?  YES  NO  N/A
- Are all guns unloaded and in locked cabinets or are the firing pins removed or trigger guards employed?  YES  NO  N/A
- Is the ammunition locked separately?  YES  NO  N/A
- Is all alcohol stored where it's inaccessible?  YES  NO  N/A
- Is your hot water temperature between 105-120 degrees F or set on warm?  YES  NO  N/A

### CHILD PROOING FOR CHILDREN UNDER AGE 6

- Are there gates at the top or bottom of the stairs?  YES  NO  N/A
- Are pencils, pens, needles, scissors, or other sharp objects out of reach?  YES  NO  N/A
- Do you have safety covers on electrical outlets?  YES  NO  N/A
- Are floors free of tripping hazards such as electric cords, throw rugs, toys?  YES  NO  N/A

- Are their guard rails on stairs?  YES  NO  N/A
- Do you have decals on glass doors and windows at children's eye level?  YES  NO  N/A
- Has lead-free paint been used for refinishing toys, children's furniture and children's rooms?  YES  NO  N/A
- Are freezers or other large chests locked or inaccessible?  YES  NO  N/A
- Is your pool properly fenced for protection of children?  YES  NO  N/A
- is appropriate supervision and instruction in water safety provided?  YES  NO  N/A
- Is pool properly maintained for sanitation?  YES  NO  N/A
- Are fish ponds and spas fenced off or covered?  YES  NO  N/A
- Are poisonous plants inaccessible to children?  YES  NO  N/A
- Have your dogs, cats and other pets had their required shots?  YES  NO  N/A
- Do you have first aid supplies, including a first aid manual?  YES  NO  N/A
- Are your windows blind cords, drapery cords and electrical cords inaccessible?  YES  NO  N/A
- Are objects smaller than a quarter inaccessible to small children?  YES  NO  N/A