Confederated Tribes of the Chehalis Reservation

FOSTER CARE/RESPITE PROVIDER APPLICATION

FOSTER CARE PROVIDER APPLICATION

Applicant Information & Important Requirements

Please read this page carefully before completing the application.

Thank You for Your Interest in Chehalis Tribal Foster Care!

The Chehalis Tribal Social Services Department appreciates your willingness to open your home and provide a safe, stable, supportive, and culturally respectful environment for a child. The application is the first step in the foster care approval process. Submission of an application does not guarantee approval or placement.

All applicants and household members must meet applicable screening, safety, training, and home-study requirements before a child can be placed in the home.

Important Requirements Before Placement

Requirement	What You Need to Know
Background Checks & Fingerprints	Every person age 16 or older who lives in or regularly resides in the home is required to complete both a background check and fingerprinting before placement.
Education	Applicants must provide education information, including the school(s) attended and highest level of education completed. Additional education/training information may be requested.
Child's School	Applicants must identify the school the foster child would attend and support the child's educational needs and school participation.
Two-Story Home	If the home is two stories, a fire escape ladder/fire ladder appropriate for emergency evacuation is required before a child may be placed.
Animals	All animals in the home need to be current on required vaccinations. Social Services may request veterinary records and assess animal safety.
Firearms	If firearms are present in the home, a secure firearm safe is required prior to placement. Firearms and ammunition must be secured from children.
Medications	All medications in the home must be stored in a locked lock box or other approved locked storage inaccessible to children.

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Education Information

Please provide this information for each adult applicant.

Applicant	School / College / Program	City / State	Highest Grade/Degree	Year Completed
Applicant 1	_____	_____	_____	_____
Applicant 2	_____	_____	_____	_____

Additional Education, Certifications, or Child-Related Training:

_____

_____

School the Child Would Attend

Identify the school the child would normally attend if placed in your home. The actual school assignment may depend on the child's needs, placement circumstances, Tribal considerations, school district requirements, transportation, and case planning.

School Name _____

School District _____

School Address / Phone _____

Household Screening Requirement

For foster care approval, Social Services must screen the household to help ensure the safety and well-being of children placed in the home.

☐ Every household member age 16 or older will complete a background check.

☐ Every household member age 16 or older will complete fingerprinting.

☐ Additional screening may be required based on the circumstances or applicable requirements.

☐ Applicants must disclose changes to household membership before placement and during the approval period.

Home Safety Checklist

☐ If the home is two stories, a fire ladder is available and ready for use.

☐ All animals are current on required vaccinations and veterinary records can be provided.

☐ If firearms are present, a firearm safe is installed/available before placement.

☐ All medications are stored in a locked lock box or other approved locked storage.

☐ Smoke detectors and other required safety equipment are operational.

☐ Sleeping arrangements can be safely provided for the child.

☐ The home can provide a safe and appropriate environment for a foster child.

Disqualifying Crimes, Findings & Negative Actions

There is a Disqualifying Crimes List that identifies criminal convictions, findings, and negative actions that disqualify an individual from providing care, having placement, or participating in services where contact with Chehalis Tribal children may occur.

The list includes specified offenses involving child abuse or exploitation, sexual offenses, violent offenses, kidnapping, certain controlled-substance offenses, weapons/explosives, and specified findings of abuse, neglect, exploitation, or abandonment. The complete Disqualification list is available upon request.

IMPORTANT: A finding of abuse, neglect, exploitation, or abandonment of a vulnerable adult, child, or juvenile is specifically identified on the SS34 list as disqualifying.

The Disqualifying list states that an applicant who wants to appeal or contest a disqualifying decision and explain their circumstances should schedule an appointment with Social Services to receive and complete the appropriate appeal form.

Applicant Acknowledgment

By signing below, I acknowledge that I have received and reviewed the important foster care requirements described in this cover page and understand that additional documentation, screening, training, and home-study requirements may be required before approval or placement.

Applicant 1 Signature: _____ Date: _____

Applicant 2 Signature: _____ Date: _____

Social Services Use Only

☐ Cover page provided/reviewed with applicant

☐ SS34 Disqualifying Crimes List provided/reviewed

☐ Age 16+ household members identified

☐ Background checks/fingerprints initiated as required

☐ Home safety requirements reviewed



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☐ Education and school information collected

Staff Initials: _____ Date: _____

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Chehalis Tribe • Social Services Department

Please complete all applicable sections. If additional space is needed, attach a separate sheet.

Date Received	Applicant(s)	Assigned Worker	Application Status
_____	_____ _____	_____	☐ Pending ☐ Approved ☐ Denied

Important: This application is the first step in the foster care approval process. Submission of an application does not guarantee approval or placement. Additional documentation, interviews, background checks, references, training, and a home study may be required before approval.

1. Applicant Information

Complete this section for each adult applicant who will be a foster care provider.

Applicant 1 – Legal Name	Applicant 2 – Legal Name
_____	_____
Preferred Name	Preferred Name
_____	_____
Date of Birth	Date of Birth
_____	_____
Pronouns (optional)	Pronouns (optional)
_____	_____
Phone	Phone
_____	_____
Email	Email
_____	_____
Current Address	City / State / ZIP

_____ _____

Mailing Address (if different) How long at current address?

_____☐Same as above _____

Tribal / Cultural Affiliation

Tribal Affiliation / Enrollment (if applicable) Tribal Affiliation / Enrollment (if applicable)

_____ _____

Language(s) Spoken Language(s) Spoken

_____ _____

Cultural / Community Connections Cultural / Community Connections

_____ _____

2. Household Members

List every person who lives in or regularly stays in the home, including children, relatives, roommates, frequent caregivers, and other adults.

Name	Age	Relationship	Lives in Home?	Occupation/School	Will Care for Child?	Background Check Needed?

3. Household & Relationship Information

☐ Single ☐ Married

☐ Domestic Partnership ☐ Separated

☐ Divorced ☐ Widowed

☐ Other

Length of Current Relationship/Marriage

_____

Previous Marriage/Relationship (if applicable)

_____

Primary Language in Home

_____

Religious/Spiritual Practices (optional)

_____

Household Changes

Are there any major changes expected in the household within the next 12 months (move, marriage, separation, new baby, job change, etc.)?

☐ No ☐ Yes – explain below

_____

_____

4. Employment & Financial Stability

Employer – Applicant 1

_____

Employer – Applicant 2

_____

Job Title

_____

Job Title

_____

Length of Employment

_____

Length of Employment

_____

Work Schedule

_____

Work Schedule

_____

Supervisor / Work Contact

_____

Supervisor / Work Contact

_____

Foster care reimbursement is intended to support the care of a child and should not be relied upon as the sole source of household income.

☐ Household has stable income ☐ Household is currently experiencing financial hardship

If financial hardship may affect the household's ability to provide care, please explain:

_____

_____

5. Home Information & Safety

Type of Residence

_____

Own / Rent / Other

_____

Length of Time in Home

_____

Landlord / Housing Contact (if applicable)

_____

Number of Bedrooms

_____

Number of Bathrooms

_____

Sleeping Arrangements

_____

Available Foster Child Sleeping Space

_____

Home Environment

☐ Smoke-free home ☐ Smoking/vaping occurs in home

☐ Firearms present ☐ No firearms present

☐ Swimming pool/hot tub ☐ Trampoline

☐ Pets present ☐ Other animals/livestock

Describe any safety features already in place (smoke detectors, fire extinguisher, locked medication, firearm storage, pool fencing, etc.):

_____

_____

_____

List all pets/animals and describe their access to children:

_____

_____

6. Transportation

Primary Driver(s)

_____

Driver's License State

_____

Vehicle Make/Model

_____

Vehicle Year

_____

Vehicle Seating Capacity

_____

Insurance Company

_____

Insurance Policy Expiration

_____

Backup Transportation

_____

☐ Reliable transportation available

☐ Transportation may be limited

☐ Willing to transport child to appointments/services

☐ Willing to transport to school/cultural activities

7. Foster Care Experience & Motivation

Why are you interested in becoming a foster care provider?

_____

_____

_____

_____

What experiences have you had caring for or working with children?

_____

_____

_____

What do you believe a child needs most when entering foster care?

_____

_____

_____

What strengths do you believe you bring to foster parenting?

_____

_____

_____

8. Child Placement Preferences

Placement preferences help Social Services understand what placements may be appropriate. They do not guarantee that a specific placement will be offered.

Age Range

☐ Infant (0–12 months)

☐ Toddler (1–2)

☐ Preschool (3–5)

☐ School Age (6–12)

☐ Teen (13–17)

☐ Young Adult (18–21, if applicable)

Placement Type

☐ Emergency

☐ Short-term

☐ Long-term

☐ Respite

☐ Kinship

☐ Sibling group

☐ Concurrent/permanency placement

Number of Children

☐ 1 ☐ 2

☐ 3 ☐ 4+

☐ Sibling group

Needs / Circumstances

☐ Children with medical needs ☐ Children with behavioral/emotional needs

☐ Children with developmental disabilities ☐ Children needing school support

☐ Children with supervised visitation requirements ☐ Children with frequent appointments

☐ Teen parents ☐ Children with trauma-related behaviors

Are there any placement circumstances you cannot safely accommodate? Please explain:

_____

_____

_____

9. Parenting, Discipline & Caregiving

Describe how you would respond if a child refuses to follow household expectations.

_____

_____

_____

What forms of discipline do you use or believe are appropriate?

_____

_____

☐ Redirection

☐ Natural/logical consequences

☐ Loss of privileges

☐ Time/space to calm

☐ Other

Physical punishment, corporal punishment, humiliation, threats, or other prohibited discipline may not be used with children in foster care.

How would you respond to a child who is angry, withdrawn, grieving, or testing boundaries?

_____

_____

_____

10. Supporting Family, Culture & Permanency

Foster care is intended to provide safety and stability while maintaining appropriate family, sibling, tribal, cultural, and community connections. How would you support a child's relationship with their family?

_____

_____

_____

_____

How would you support a Chehalis child or other Native child in maintaining cultural identity, traditions, language, community connections, and tribal relationships?

_____

_____

_____

_____

Are you willing to participate in family time, court-related appointments, school meetings, medical appointments, cultural activities, and other services as required?

☐ Yes

☐ No

☐ Need additional information

Comments:

_____

_____

11. Medical, Mental Health & Accessibility Information

Provide information necessary to determine whether you can safely meet the needs of a child placed in your home. Applicants may be asked for additional documentation as permitted by applicable law and policy.

Are there any physical, medical, mental health, substance-use, or accessibility concerns that could affect your ability to safely care for a foster child?

☐ No ☐ Yes – explain

☐ Prefer to discuss privately with Social Services

_____

_____

_____

Are there any medications or medical equipment in the home that require special storage or safety precautions?

☐ No ☐ Yes – explain

_____

_____

12. Criminal, Child Welfare & Protective Services History

Answer all questions truthfully. A "yes" answer does not automatically mean you cannot become a foster provider. Social Services will review information according to applicable law, Tribal Code, policy, and licensing/approval requirements.

Have you ever been arrested, charged with, convicted of, or entered a plea to a criminal offense?

☐ No ☐ Yes – explain/attach documentation

Have you ever been the subject of a child abuse/neglect investigation?

☐ No ☐ Yes – explain/attach documentation

Have you ever been involved with CPS/DCYF or another child welfare agency as a parent/caregiver?

☐ No ☐ Yes – explain/attach documentation

Have you ever had a child removed from your care?

☐ No ☐ Yes – explain/attach documentation

Have you ever had a restraining/protection/no-contact order issued against you?

☐ No ☐ Yes – explain/attach documentation

Have you ever been disqualified or denied approval to foster, adopt, or provide licensed care?

☐ No ☐ Yes – explain/attach documentation

Have you ever had a professional license/certification suspended, revoked, or denied?

☐ No ☐ Yes – explain/attach documentation

Have you had any substantiated vulnerable adult abuse/neglect/exploitation finding?

☐ No ☐ Yes – explain/attach documentation

Additional information or explanation:

_____

_____

_____

13. Substance Use & Safety

Describe any current or past substance use issues in the household that may affect foster care approval or child safety.

☐ None ☐ Yes – explain

☐ Prefer to discuss privately

_____

_____

_____

Are alcohol, cannabis, prescription medications, or other potentially hazardous substances stored securely and inaccessible to children?

☐ Yes ☐ No

☐ Not applicable

Describe storage arrangements if needed:

_____

_____

14. References

Provide references who know you well enough to comment on your ability to provide a safe, stable, and nurturing home. Social Services may contact references and may request additional references.

Reference	Relationship	Years Known	Phone	Email	Contacted
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

15. Emergency Contacts

Name	Relationship	Phone	Alternate Phone	Lives Nearby?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____ _____ _____ _____ _____

Who could provide temporary support or respite if you are sick, traveling, or otherwise unavailable?

_____

_____

16. Foster Parent Training & Support

☐ Willing to complete required pre-service training

☐ Willing to complete ongoing training

☐ Willing to participate in home study interviews

☐ Willing to participate in support meetings

☐ Willing to work with Social Services staff

☐ Willing to accept placement-related guidance

What training or support would help you feel prepared to foster?

_____

_____

_____

17. Confidentiality, Reporting & Cooperation

☐ I understand foster care information is confidential.

☐ I understand I must report safety concerns to Social Services as required.

☐ I understand I may be required to participate in court, meetings, visits, appointments, and case planning.

☐ I understand that placement decisions are based on child safety and best interests.

☐ I understand approval does not guarantee placement.

Questions or concerns about the foster care process:

_____

_____

_____





18. Required Releases & Background Screening

Before approval, all required adult household members and other persons identified by Social Services may be required to complete background checks, fingerprinting, child welfare checks, sex offender registry checks, and other screening required by applicable law, Tribal Code, policy, or funding/licensing requirements.

☐ I agree to complete required background screening.

☐ I understand additional screening may be required.

☐ I understand Social Services may verify information provided in this application.

☐ I will promptly disclose changes that may affect my approval or household safety.

19. Applicant Certification & Signature

I/We certify that the information provided in this application is true, complete, and accurate to the best of my/our knowledge. I/We understand that providing false, incomplete, or misleading information may affect foster care approval. I/We understand that completion of this application does not constitute approval to provide foster care. I/We agree to cooperate with the Chehalis Tribal Social Services Department throughout the screening, training, home study, approval, and placement process. I/We understand that the safety, well-being, cultural identity, and best interests of the child are the primary considerations in placement decisions.

☐ Applicant 1 agrees

☐ Applicant 2 agrees

Applicant 1 Signature _____

Date _____

Applicant 2 Signature _____

Date _____

Printed Name(s): _____

20. Social Services Department Use Only

Initial Screening

☐ Application complete

☐ Incomplete – returned for correction

☐ Identity verified

☐ Household members identified

☐ References provided

☐ Initial interview completed

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Required Documentation

☐ Government-issued identification

☐ Proof of residence

☐ Proof of income/employment

☐ Vehicle/insurance documentation

☐ Required medical documentation

☐ Background check consent

☐ Fingerprint/background check completed

☐ Child welfare records check

☐ Sex offender registry check

☐ Other required screening

Home Study / Safety

☐ Home visit completed

☐ Home safety review completed

☐ Sleeping arrangements approved

☐ Firearms reviewed

☐ Medication storage reviewed

☐ Pet/animal safety reviewed

☐ Emergency plan reviewed

☐ Transportation reviewed

Training

☐ Pre-service training completed

☐ CPR/First Aid completed

☐ Cultural/ICWA training completed

☐ Trauma-informed care completed

☐ Mandated reporting/confidentiality completed

☐ Other required training completed

Placement Recommendation

☐ Approve

☐ Approve with conditions

☐ Additional information needed

☐ Additional training needed

☐ Home study not approved

☐ Deny – document reason

Conditions / limitations / approved placement parameters:

_____

_____

_____

_____

Social Services assessment / summary:

_____

_____

_____

_____

_____

Assigned Social Worker _____ Date _____

Supervisor / Director Review _____ Date _____

21. Foster Care Application Checklist – Staff

☐ Application received and date-stamped

☐ All household members identified

☐ Required consent/release forms completed

☐ Background/fingerprint screening initiated

☐ References contacted

☐ Employment/income verification completed if required

☐ Home visit completed

☐ Safety assessment completed

☐ Required training completed

☐ Medical/health documentation reviewed if required

☐ Cultural/ICWA considerations discussed

☐ Placement preferences documented

☐ Final home study completed

☐ Approval/denial documented

☐ Foster provider notified in writing

☐ File complete and secured