



SRPMIC Foster/Kinship Care Licensing Program
FOSTER CARE APPLICATION

**Thank you for taking the time to complete this form. Kindly return it at your earliest convenience.
 A Licensing Team Member will promptly connect with you within 24-48 hours to assist further.**

Email form to: Norma.Hernandez2@srpmic-nsn.gov

Or mail/hand deliver to: 10215 E. Osborn Road, Scottsdale, AZ 85256 ATTN: Licensing Unit

Foster Care Applicant 1

| | | | |
|--|---------------|--|--------|
| LAST NAME | | FIRST NAME | GENDER |
| ALIASES/AKA | | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH | MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married -- Date of Marriage: _____ | |
| RACE <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Caucasian | | ETHNICITY Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No O'odham <input type="checkbox"/> Yes <input type="checkbox"/> No Piipaash <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____ | |
| PHONE NUMBER | | EMAIL ADDRESS | |
| TRIBAL MEMBERSHIP | | LANGUAGES SPOKEN | |

Foster Care Applicant 2:

| | | | |
|------------------------|---------------|--|--------|
| LAST NAME | | FIRST NAME | GENDER |
| ALIASES/AKA | | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH | MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married -- Date of Marriage: _____ | |

ADDRESS:
Physical Address: _____
Do you plan on living at this address in 6 months?

EMPLOYMENT:

Job 1 Title: _____ Monthly Salary (*after taxes*) _____

Employer: _____

Name

Address

Work Schedule: _____

Hire Date: End Date: Reason End:

Duties Performed:

Job 1 Title: _____ Monthly Salary (*after taxes*) _____

Employer:

Name

Address

Work Schedule: _____

Hire Date: End Date: Reason End:

Duties Performed: _____

List Everyone That Resides in Your Household more than 50% of the time:

Foster Care Application

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

Do you live in a house / apartment? _____ Do you Rent/Own? _____

How long have you lived here? _____

Number of Bedrooms: _____ Number of bathrooms _____

Sleeping Arrangements for Foster Children: _____

Will the child share a room? YES or NO - If YES, with whom? _____

VEHICLE INFORMATION

List All Motor Vehicles

| Make & Model of car | Year | License Plate # | State Registered | Own or Rent |
|---------------------|------|-----------------|------------------|-------------|
| | | | | |
| | | | | |

Insurance Carrier(s): _____

Applicant 1:

Do you have any traffic violations within the past 5 years? Yes No

If Yes, please list (attach additional paper to application if needed)

You will be required to transport a child placed with you to appointments and visits _____
(Initial)

Applicant 2:

Do you have any traffic violations within the past 5 years? Yes No

If Yes, please list (attach additional paper to application if needed)

You will be required to transport a child placed with you to appointments and visits _____
(Initial)

If any restrictions to transportation, please explain: _____

RELIGIOUS AFFILIATION:

Denomination: _____

Attend Services? _____ How Often? _____

EXPERIENCE:

Please describe your experience with children: _____

Please describe any previous experience as a foster parent: _____

What agencies have you applied for foster parent certification: _____

What agency placed children in your home: _____

Have you ever had a foster parenting license, suspended, revoked or terminated? Yes / No

If Yes, Please explain: _____

How did you hear about the SRPMIC Foster Care Program?

____SR Community Announcement ____Newspaper Ad ____Tribal Employee ____Friend

Other: _____

PREFERENCE:

How many Foster Children are you interested in caring for? _____

Age(s): _____ Gender: _____

Are you willing to accept a special needs child in your home? Yes No

Please explain your answers: _____

Are there any children you are unwilling to provide care for?

Please tell us why you are interested in becoming a foster parent. Please speak about your motivation to be a foster parent and why you feel you are appropriate to be a foster parent. Also, list any other information that you would like Salt River Social Services Licensing Department to know about your family. (Personality, hobbies you have, personal goals, morals/values, family traditions, etc.)

CERTIFICATION AND AGREEMENT *(Please read carefully before signing)*

The Civil Rights Act of 1964 is intended to prevent discrimination in federally assisted programs, Section 601 of the Act, which States:

“No person in the United States shall, on the ground of race, color, sex, or national origin, be excluded from participation, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

This Department has established a complaint procedure. If you feel you have been discriminated against because of your race, color, national origin or religion, ask for a Salt River Pima-Maricopa Indian Community Social Service form to request a Hearing Notice of Appeal. Your licensing worker will assist you in completing the form.

This application is for prospective foster parents. All information received on this form is for the purposes of the Salt River Pima-Maricopa Foster Care Program only, and is considered CONFIDENTIAL. Application will remain on file in our office and is valid up to one year (1).

The Salt River Pima-Maricopa Licensing Department would like to thank you for your application to become a foster parent.

I understand by signing this application that all information provided is completed and accurate.

Applicant #1: _____

Date: _____

Applicant #2: _____

Date: _____

Licensing Specialist Assigned: _____

Date: _____

(To be filled out by SRPMIC Licensing)