

## SRPMIC Foster/Kinship Care Licensing Program **FOSTER CARE INQUIRY FORM**

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

Name(s):		
Enrolled Tribal Member?   Yes; Tribe:	□No <u>APPLICANT</u>	
The best way to contact me:	<u>REQUIREMENTS</u>	
□ call or text:	AGE: Must be at least 21  years old	
□ e-mail:	HEALTH: Must be physic	ally
Best time to contact:	and emotionally capable of caring for children and hat substance abuse problem	ve no
□ 8:a.m. to Noon □ Noon - 5p.m.	CHARACTER REFEREN	CES.
Are you interested in:	Must provide the names of	of
☐ In-Person Training ☐ Virtual Training ☐ Self-Directed	three non-relatives who makes the contacted for references	•
Number of Children Interested in Fostering:	BACKGROUND CHECK	•
□ Single	Must pass a criminal background check and ha	ve
□ 2	no substantiated record o	f
□ 3 - ·	abusing or neglecting chil	aren.
☐ 4 or more	SAFETY STANDARDS: /	
Age Range of Children:	have a home that can me basic fire, safety, and san	
☐ Baby/Toddler (0-18 months)	standards.	
☐ Pre-school (2-5 years)	SPACE: Must have enoug	gh
☐ School Age (6-11 years)	room (and beds) for a fost	
☐ Teenager (12-18 years)	child to sleep, have privac and space to keep their	;y,
Gender:	belongings.	
□ Male	TRAINING: 30 hours of co	-
☐ Female	training and then 10 hours training annually.	5 01
☐ No Preference	3 · · · · · · · · · · · · · · · · · · ·	