



The Confederated Tribes of the Grand Ronde Community of Oregon
Phone (503) 879-2034 or 1-800-242-8196
Fax (503) 879-2142

9615 Grand Ronde Road
Grand Ronde, OR 97347

Thank you for your interest in our Foster Care Program!

Children and Family Services believes that in order for our children to grow and thrive as healthy Indian people they need to be in a safe and nurturing environment.

Our Foster Care Program actively recruits and certifies applicants who are willing to open their hearts and homes and provide temporary to long term care for our children in foster care. Requesting more information is the first step in making a positive difference in the life of a child. Please review the attached **Steps to Become Certified** for more information about our Foster Care certification process. After you have completed **Step 1 & 2**, you may be ready to move on to **Step 3: Complete an Application.**

Attached is the complete Foster Care Application Packet. Please review and complete all forms, the Personal History Questionnaire and the SAFE Questionnaire #1 (for each applicant). Along with your completed foster care application, please submit copies of the following documentation:

- Driver's License
- Tribal ID and/or Native CIB if applicable
- Social Security Card
- Proof of Auto Insurance
- First Aid/CPR Card
- Completed Fingerprint Cards (unless prints were taken at the CTGR Gaming Commission)
- Proof of Income
 - This includes employment, unemployment, social security, trust, child support, TANIF, food stamps, other assistance, ect.

Once your completed application has been received, we will complete your child welfare check and your completed fingerprints will be submitted to the Oregon State Police for your criminal background check. Upon receipt of the background and reference checks, you will begin **Step 4: Attend Training**, and we will complete **Step 5: Home Study**, this will include scheduled home visits including all members of the household. The entire Foster Care certification process can take approximately three months.

If you have any questions regarding the application process feel free to contact me at (503) 879-2039 or by email at amanda.mercier@grandronde.org. We look forward to working with you.

Sincerely,

Amanda Mercier
Children & Family Services Foster Care Recruitment Specialist

1 CTGR Children & Family Services Foster Care Application

CONFEDERATED TRIBES OF GRAND RONDE FOSTER HOME APPLICATION

Type of applicant: *(Check all that apply.)*

Foster care Child specific Relative General Non-relative

Applicant 1 Personal information	Last name:		First name:		Middle name:	
	Other names used:				US Citizen or legal resident <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Gender:	Date of birth:	Birthplace:			
	Relationship status:		<input type="checkbox"/> Never married	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	
			<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Domestic partner	
	Highest grade completed:	Degree:	Social Security number:		Religion:	
	Primary phone:		Second phone:		Email address:	
<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American				
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Native Hawaiian or other Pacific Islander				
Tribe: _____		Roll# _____		<input type="checkbox"/> White <input type="checkbox"/> Unable to determine		
Applicant 2 Personal information	Last name:		First name:		Middle name:	
	Other names used:				US Citizen or legal resident <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Gender:	Date of birth:	Birthplace:			
	Relationship status:		<input type="checkbox"/> Never married	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	
			<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Domestic partner	
	Highest grade completed:	Degree:	Social Security number:		Religion:	
	Primary phone:		Second phone:		Email address:	
<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American				
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Native Hawaiian or other Pacific Islander				
Tribe: _____		Roll# _____		<input type="checkbox"/> White <input type="checkbox"/> Unable to determine		
Residential information	Home address:				Apartment no.:	
	City:		State:	County:		ZIP code:
	Mailing address <i>(if different than above home address)</i> :				Apartment no.:	
	City:		State:	County:		ZIP code:
	Cell phone/home:		Other number:		Email address:	
	Length of time living together?		If married, date and place of marriage:			

Directions to your home from Grand Ronde:
Description of your home:

When did you move to your current residence? Month: _____ Year: _____

If you have lived at your current residence for less than one year, please complete the following for the last year.

1. Complete address: <i>(street address)</i>	<i>(city)</i>	<i>(state)</i>	<i>(ZIP code)</i>
Dates at address:		From <i>(month/year)</i> :	To <i>(month/year)</i> :

2. Complete address: <i>(street address)</i>	<i>(city)</i>	<i>(state)</i>	<i>(ZIP code)</i>
Dates at address:		From <i>(month/year)</i> :	To <i>(month/year)</i> :

3. Complete address: <i>(street address)</i>	<i>(city)</i>	<i>(state)</i>	<i>(ZIP code)</i>
Dates at address:		From <i>(month/year)</i> :	To <i>(month/year)</i> :

Current employment

Applicant 1		Applicant 2	
Occupation:		Occupation:	
Current employer <i>(if applicable)</i> :		Current employer <i>(if applicable)</i> :	
Address:		Address:	
Phone:	Start date:	Phone:	Start date:
Email:		Email:	
Supervisor:		Supervisor:	

MEMBERS OF HOUSEHOLD

List all individuals living at the applicant's address

Name:	Birth date:	Gender:	Relationship to applicant(s):	Applicant 1 or 2:

List all applicants' children not living in the home – Include adult children

Name:	Birth date:	Gender:	Current city/area code and phone number:	Child of applicant 1 or 2:
			/	
			/	
			/	

Do you and all members of your household 18 years and older consent to a criminal background check? (Background checks will be submitted annually.) YES NO

Have you or anyone in your home, including all employees, volunteers, and minor children, ever been charged with a crime? If so, please explain.

Has either applicant ever been the victim of child abuse, assault, domestic violence or other violent event/act?

Applicant 1 No Yes

Applicant 2 No Yes

Has any certificate, license or approval issued to either applicant, for the purpose of caring for a child or adult, been suspended, revoked, withdrawn or denied? No Yes
(If yes, complete below.)

Applicant 1	Applicant 2:	Agency name:	Date:	State:	Adult or child:

Has either applicant, or any member of your household been involved in or have been the subject of any allegation regarding child, adult, or animal abuse or neglect? No Yes
(If yes, complete below.)

Applicant/household member name:	Date:	Allegation:	Location:	Disposition:

REFERENCES

Please list below four references (only two may be a relative), who have known you well as an individual, couple, or a family, for at least two years. Tell them in advance that you are using them as references, and they have to be willing to answer questions regarding your character and parenting ability. **Please provide complete addresses.**

1. Name: _____			Relative:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell/home phone: _____	Phone number (work): _____		
Other number: _____	Email address: _____		
Street address: _____		City: _____	
State: _____	ZIP code: _____	Emergency contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Name: _____			Relative:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell/home phone: _____	Phone number (work): _____		
Other number: _____	Email address: _____		
Street address: _____		City: _____	
State: _____	ZIP code: _____	Emergency contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Name: _____			Relative:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell/home phone: _____	Phone number (work): _____		
Other number: _____	Email address: _____		
Street address: _____		City: _____	
State: _____	ZIP code: _____	Emergency contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Name: _____			Relative:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell/home phone: _____	Phone number (work): _____		
Other number: _____	Email address: _____		
Street address: _____		City: _____	
State: _____	ZIP code: _____	Emergency contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	

FAMILY FINANCIAL REPORT

Monthly Income

Please attach proof of income.

Monthly Average

Applicant's Employment	\$	
Co-Applicants Employment	\$	
Social Security Benefits	\$	
Tribal Disability Benefits	\$	
TANF Income	\$	
Unemployment	\$	
Per Capita	\$	
Business Income	\$	
Investment Income	\$	
Subtotal	\$	

Other Monies Received (Check each below you receive & enter the monthly average, please attach proof of income/assistance.)

- Child Support
 Alimony
 Retirement
 WIC
 Rental Assistance
 Inheritance
 Food Stamps
 Trust
 Other: _____

Subtotal \$ _____

Expenses – Check each below that you pay & enter monthly expenses & balance due.

- Child Care
 Rental/House Payment
 Car Payment
 Child Support
 Garnishments
 Health Insurance
 Other: _____

Monthly Expenses \$ _____

Outstanding Loans, Credit Cards Or Installment Payments	Monthly Expenses	Balance Due
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
Other Estimated Monthly Expenses**	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

** Other estimated monthly expenses should include the following: food, transportation, utilities (heat, light, water,

Telephone, garbage, etc.), medications, clothing, other miscellaneous living expenses and insurance payments. **

Assets	Amount
Savings Account (Average Balance)	\$ _____
Checking Account (Average Balance)	\$ _____
Trust Fund	\$ _____
Property Value Minus Mortgage Owed = Home Equity	\$ _____
Value Other Property: Real Estate, Boat, RV, Jewelry, etc.	\$ _____
Investments: Stocks/Bonds, IRA, Retirement, etc.	\$ _____
Total Assets	\$ _____

Has applicant or co-applicant ever declared personal or business bankruptcy?

No **Yes**

If yes, when? _____ Please Explain:

By signing below the applicant/co-applicant agree that the information given in this application is true and accurate.

_____/_____/_____
(Signature applicant 1) (Date)

_____/_____/_____
(Signature applicant 2) (Date)

Date received at CTGR Child & Family Services: _____/_____/_____

Health History/Medical Information

Please check the following items you have experienced or for which you have been treated. For any item checked, please provide an explanation in the space provided. Include additional sheets if needed.

Applicant Name: _____

Name of primary physician or practitioner: _____

Physician Address: _____

- Physical Limitations that may impact your ability to parent a child with special needs.
- Currently in treatment for a physical condition.
- Hearing, speech, or vision impairment.
- You or your family currently in counseling.
- Difficulty walking or lifting.
- Kidney, bladder, or prostate disorder.
- Tuberculosis, asthma, emphysema, chronic bronchitis.
- High blood pressure, stroke.
- Heart disease (angina, valve problems, heart attack, heart failure, blood clots, abnormal heart beats).
- Ulcer, colitis, hepatitis.
- Diabetes, hypoglycemia, thyroid conditions.
- Muscular/skeletal disorders (arthritis, lupus, bursitis, disc problems, multiple sclerosis, muscular dystrophy, spinal injuries, joint injuries).
- Allergies (food or environment).
- Surgeries or hospitalizations within the last year.
- Psychiatric or emotional condition, anxiety, or panic attacks.
- Head injuries, epilepsy (seizures), fainting spells, cerebral palsy.
- Cancer, Leukemia, Hodgkin Disease, Sickle Cell Disease, Hemophilia
- Infertility problems, miscarriage.
- Alcohol use.
- Has treatment for alcohol use.
- Tobacco use.
- Use of an illegal drug within the last 5 years.
- Medical marijuana use.
- Other:

Explanation or additional information – attach more sheets if needed.

Are you currently taking any prescription, over-the-counter, or approved medications or substances? Yes No

Name:	Dose:	Reason:

Family Health History

Yes	No	Relationship
		Alcohol
		Drug Abuse
		Diabetes
		Cancer
		High Blood Pressure
		Heart Disease
		Psychiatric or Emotional Disorder

Applicant's Signature

Date

Co-Applicant Name: _____

Name of primary physician or practitioner: _____

Physician Address: _____

- () Physical Limitations that may impact your ability to parent a child with special needs.
- () Currently in treatment for a physical condition.
- () Hearing, speech, or vision impairment.
- () You or your family currently in counseling.
- () Difficulty walking or lifting.
- () Kidney, bladder, or prostate disorder.
- () Tuberculosis, asthma, emphysema, chronic bronchitis.
- () High blood pressure, stroke.
- () Heart disease (angina, valve problems, heart attack, heart failure, blood clots, abnormal heart beats).
- () Ulcer, colitis, hepatitis.
- () Diabetes, hypoglycemia, thyroid conditions.
- () Muscular/skeletal disorders (arthritis, lupus, bursitis, disc problems, multiple sclerosis,

- muscular dystrophy, spinal injuries, joint injuries).
- () Allergies (food or environment).
- () Surgeries or hospitalizations within the last year.
- () Psychiatric or emotional condition, anxiety, or panic attacks.
- () Head injuries, epilepsy (seizures), fainting spells, cerebral palsy.
- () Cancer, Leukemia, Hodgkin Disease, Sickle Cell Disease, Hemophilia
- () Infertility problems, miscarriage.
- () Alcohol use.
- () Has treatment for alcohol use.
- () Tobacco use.
- () Use of an illegal drug within the last 5 years.
- () Medical marijuana use.
- () Other:

Explanation or additional information – attach more sheets if needed.

Are you currently taking any prescription, over-the-counter, or approved medications or substances? Yes No

Name:	Dose:	Reason:

Family Health History

Yes	No	Relationship
		Alcohol
		Drug Abuse
		Diabetes
		Cancer
		High Blood Pressure
		Heart Disease
		Psychiatric or Emotional Disorder

Co-Applicant's Signature

Date

DISCIPLINE AND GUIDANCE AGREEMENT

- 1) The certified family must demonstrate a willingness to understand the meaning of the behaviors of the child or young adult, and have the ability to develop and use appropriate discipline strategies to address challenging behaviors.
- 2) When disciplining a child or young adult, the certified family may not do any of the following:
 - a. Use or threaten physical force.
 - b. Use threats of intimidation.
 - c. Withhold food or other items essential to the protection, safety, or well-being of a child or young adult.
 - d. Discipline all children or young adults in the household for the misbehavior of one child or young adult.
 - e. Verbal abuse including derogatory remarks about the child or young adult, the family characteristics, physical traits, culture, ethnicity, language, sexual orientation, or traditions of the child or young adult.
 - f. Denying or threatening to deny a child or young adult visits, telephone, or other types of contact with an individual authorized in a visit or contact plan.
 - g. Assigning extremely strenuous exercise or work.
 - h. Use of or threatened use of restraining devices.
 - i. Imposing a sanction, penalty, consequence, or reprimand for bed-wetting or during toilet training.
 - j. Directing or permitting a child or young adult to punish another child or young adult.
 - k. Threat of removal from the certified family home.
 - l. Forcing or requiring a child or young adult to shower or bathe as a sanction, penalty, consequence, or reprimand.
 - m. Extreme isolation as a means of punishment that restricts the ability of a child or young adult to talk with or associate with others.
 - n. Locking a child or young adult in a room or outside of the home.
- 3) The certified family may use a time-out only for the purpose of giving the child or young adult a short break to allow the child or young adult to calm himself or herself and regain control, and not as a punishment. The certified family must take into consideration the age and developmental level of the child or young adult in determining the length of a time-out.
- 4) Only an adult in a certified family who has been trained in physical restraint may do so, unless a child, young adult, or others are at imminent risk of harm. Physical restraint may only be used if good judgment indicates that a physical restraint may safely be implemented. Any time a physical restraint is used, the certified family must follow the reporting requirements of Children and Family Services.

- 5) The certified family must notify and request assistance of Children and Family Services when challenging behavior or a child or young adult may be beyond the ability of the certified family to discipline in a positive manner.

Confidentiality Agreement

- 1) The certified family must exercise good judgment in sharing personal information about the child and the child's family.
- 2) The certified family must store documents regarding the child or child's family in a way that protects the privacy of the child and the child's family.
 - a. Foster parent(s) will maintain records on the child's health, immunizations, educational and placement progress for the duration of the child's placement.
- 3) The certified family may not disclose confidential information regarding a child or the family of a child, except when necessary to promote or to protect the health and welfare of the child or the community.

I/We have read, understand and accept the guidelines for the Confederated Tribes of Grand Ronde Children and Family Services Discipline/Guidance Agreement and Confidentiality Agreement.

Applicant's Signature

Date

Co-Applicant's Signature

Date

CONFEDERATED TRIBES OF GRAND RONDE Foster Home Safety Assessment

As an applicant or certified caregiver, I will participate in certification and re-certification assessments in a timely manner and in the ongoing monitoring of my home. I will give the required information to Children & Family Services needed to verify compliance with all standards for certification, including change of address and number of persons in the household.

If in full compliance.

- The home has adequate space for each member of the household, including space for safe and appropriate sleeping arrangements.
- The home has safe drinking water.
- Certified family/applicant has access to a working phone and telephone at which the family may be reached.
- Certified family/applicant has the necessary equipment for the safe preparation, storage, serving and clean-up of food.
- First aid supplies are available and easily accessible.
- The home's heating system is operable. It appears and is reported to be safe, properly installed and maintained.
- The home's interior area and exterior surroundings are free of hazards to the child and young adult's health and well being. This includes consideration of tools, chemicals, out buildings, and machinery.
- Play areas and equipment appear safely maintained for children and young adults.
- Swimming pools, wading pools, hot tubs and other water hazards are inaccessible to children & young adults in care of the applicant/certified family has a plan to responsibly supervise the child. No water hazards at home.
- Certified family/applicant has stored all poisonous chemicals and cleaning materials in such a way as to prevent access by children & young adults. All Psychotropic Medications are and will be stored in a locked container.
- Animals, if any, are cared for properly and any potential danger is appropriately addressed.
- All dangerous hunting and sporting equipment is kept safely and securely inaccessible to a child or young adult.
- Smoke alarms are in working order and located in every room in which a child in care sleeps. Additionally, there is a smoke alarm on each floor of the house.
- There is at least one operable fire extinguisher, class 2-A-10BC or higher, accessible in the home.
- The house does have at least two means of exit in case of emergency. Any barred windows in a child's bedroom or used for an exit are fitted with operable quick release

mechanisms, which the child or young adult can operate. No barred windows at this time.

- There is a barrier around the heating devices as appropriate, based on type of child and or young adult, in this home.
- The home has a posted home evacuation plan. It will be shared with the child or young adult at the time of placement and will be practiced at least one time every 6 months. The plan contains provisions for evacuating children and young adults unable to get themselves out of the home in a safe manner.
- All bedrooms for children and young adults have safe, unrestricted, and direct access (at all times) to: hallways, corridors, living rooms & other such common areas and at least one secondary means of escape or rescue.
- Any doors with locks that may prevent a child or young adult in care from exiting a room or allow a child to lock him/herself in a room, are operable from both sides of the door.
- Certified family/applicant has access to safe and reliable transportation and only licensed and insured individuals will transport children or young adults and will assure all passengers use seat belts or child safety seats.
- The child or young adult in this home is not exposed to any second hand smoke.

Comments:

- All items on the Safety Assessment have been reviewed with Children & Family Services.
- I believe that I am in compliance with these rules and I will continue to abide by them throughout the certification period.

Signature – Applicant / Certified Caregiver

Date

Signature – Applicant / Certified Caregiver

Date

Signature – Children & Family Services

Date

Fingerprints

Fingerprints are needed for all members of the household over the age of 18. If you are not in close proximity to the Grand Ronde Gaming Commission, please request a fingerprint card from the Foster Care Program's Certifier, the card will then need to be mailed back to the Program after prints have been taken. Questions please call 503-879-2039. Thank you!

CTGR Gaming Commission:

Call for an appointment for Thursdays & Fridays between the times of 9:00-11:00 a.m. and 2:00-4:00 p.m.

Contact Julia Papen 503-879-2364 or Nick Bailey at 503-879-1486

Office address:

Grand Ronde Gaming Commission (Spirit Mtn. Casino)
27100 SW Salmon River Highway Suite A
Grand Ronde, OR 97347

Yamhill County DHS: (card needed)

Call for an appointment:

Contact either Christina Saucedo or Marilyn Reid at 503-472-4634

Office Address:
368 NE Norton Lane
McMinnville, OR 97128

Marion County DHS: (card needed)

Call for appointment:

Janet Hurley
Department of Human Services
Child Welfare Program
4600 25th Ave NE Ste 110 Salem, Oregon 97301-9832

(503) 378-5451

Your Local Police Station: (card needed)