



# SNOQUALMIE INDIAN TRIBE

## INDIAN CHILD WELFARE

### FOSTER CARE LICENSING ASSISTANCE APPLICATION

## APPLICATION

The Snoqualmie Indian Tribe has established the following eligibility to provide the Foster Care Licensing Assistance Program to an eligible Tribal Member or caregivers. Foster Care Licensing Assistance funds are intended to assist Tribal Members and current caregivers in completing minimum foster care licensing requirements of the State of Washington, Division of Licensed Resources (DLR) or a Child Placing Agency (CPA). In addition, Tribal Members who are seeking to become caregivers may work with SICW to complete licensing requirements for foster care licensure through the State of Washington DLR or a CPA. Tribal Members who utilize these funds to receive their foster care license must be willing to assist SICW in the future, within reason, with emergency or long-term placement of Snoqualmie Tribal dependents. The goal is to get Tribal families pre-licensed to ensure no shortcomings with regard to future dependent placements.

Only an eligible caregiver caring for a Snoqualmie Indian Child(ren) who has been placed in the caregiver's home as stated above, or a Tribal member seeking to become a caregiver as stated above, is eligible for the Caregiver Assistance Program.

1. Eligibility determination includes:
  - a. Complete Application: Provide all required supporting documents, sign the terms and conditions statement, and complete a W-9.
  - b. Complete satisfactory background checks on all persons 16 and older living in the home that meet or exceed the standards of Public Law 101-630 (25 U.S.C. §3207).
  - c. Updated Release of Information
2. Prior to distribution of funding the applicant must complete the minimum training requirements for first year licensing. The below website is a step-by-step resources for training requirements.
  - a. <https://www.dcyf.wa.gov/services/foster-parenting/become-a-foster-parent>
3. Caregivers who are currently licensed through DLR or a CPA are not eligible to receive benefits under this Program.
5. Program benefits are subject to change based on available funding

## PROGRAM REQUIREMENTS

Assistance must be requested using the Caregiver Assistance Program Application form, this must be returned to the SICW social worker or SICW manager.

1. Foster Care Licensing Assistance will be limited to one adult in the household; payment checks will be sent to that caregiver via the U.S. Postal Service.
2. Current and future caregivers approved by SICW are eligible for assistance only during initial licensing by DLR or a CPA.
3. The Foster Care Licensing Assistance benefit can be accessed throughout the initial licensing process for a benefit total not to exceed \$1,500.00, which can be used to cover costs of meeting Minimum Licensing



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4. Requirements. However, the Foster Care Licensing Assistance benefit cannot be used for re-licensing after the initial license is received.
5. The applicant must submit a request form and show proof of expense such as bids for a large project, an estimate of cost for needed safety items (fireplace screen/locking medication boxes/stair rails, etc.), and/or an invoice. Items purchased during licensing are reimbursable with a receipt.
6. Funding can be accessed as a payment to a vendor, reimbursement for eligible receipts, or as an advance if estimated costs are provided and items are approved by SICW Social Worker or Program Manager.
7. SICW may suspend or terminate an individual's participation in the Foster Care Licensing Assistance Program if it comes to SICW's attention that the funds are being used for unrelated expenses.

#### Allowable Uses of Funds

Allowable use of Foster Care Licensing Assistance funds includes but is not limited to:

- septic or well-water testing
- barriers for bodies of water (pond/pool/hot tub, etc.)
- fencing or handrails for decking,
- fireplace safety screens, venting
- mattress/bedding/safe-sleep items
- gates for stairways
- carbon monoxide detectors, fire alarms, fire extinguishers
- home study costs
- gun locks and safes
- Other items may be approved on a case by case basis at the discretion of the SICW Social Worker or Program Manager.



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INDIAN CHILD WELFARE  
FOSTER CARE LICENSING ASSISTANCE APPLICATION

PERSONAL INFORMATION

Tribal Member or Caregiver: \_\_\_\_\_  
DOB: \_\_\_\_\_ Enrollment #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Phone (or best contact number): \_\_\_\_\_  
Email (if one is available) : \_\_\_\_\_

Secondary Caregiver: \_\_\_\_\_  
DOB: \_\_\_\_\_ Enrollment #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Phone (or best contact number): \_\_\_\_\_  
Email (if one is available) : \_\_\_\_\_

HOUSEHOLD

How many people live in the household? : \_\_\_\_\_

Please list the names, DOB, and SS# for all the individual(s) in the household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please submit a completed background check form for those 16 and older.



**SNOQUALMIE INDIAN TRIBE**  
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Do you rent or own your home:            RENT            OWN

If you rent please fill out the following *(please provide a copy of your lease with application)*:

Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

**TRAINING**-----

Prior to distribution of funding the applicant must complete the minimum training requirements for first year licensing.

Have you completed the required training:    YES            NO            CURRENTLY ENROLLED

Completion date of training:    \_\_\_/\_\_\_/\_\_\_\_\_

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**For Office Use ONLY :**

Household size: \_\_\_\_\_

Background Check \_\_\_\_\_

Approved by: \_\_\_\_\_

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



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I agree to follow the requirements and policies.

I certify the information contained in this application is complete and accurate to the best of my knowledge. I understand that I am signing this application under penalty of criminal prosecution if I knowingly give false information which results in payment to which I am not entitled. By signing I agree that the Snoqualmie Indian Child Welfare Department may contact other tribal programs for pertinent information as it applies to this application.

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

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

**SEND APPLICATIONS TO THE ICW DEPARTMENT AT:**  
MAIL: SNOQUALMIE INDIAN TRIBE,  
ATTN: ICW DEPARTMENT- PO BOX 969 SNOQUALMIE WA 98065  
FAX: 425-689-1272