



SNOQUALMIE INDIAN TRIBE

FOSTER CARE LICENSING ASSISTANCE REQUEST FORM

REQUEST

Applicants must complete the Foster Care Licensing Assistance Request Form for payment to be issued. Applicants seeking reimbursement under the Foster Care Licensing Assistance Policy for items or services already purchased must attach all receipts to this form. Applicants who have ordered items or services under the Policy and are seeking direct payment to the vendor must attach an invoice, bill, or contract to this form.

Tribal Member or Caregiver Name: _____

Phone Number: _____

Email: _____

TYPE OF REQUEST:

- Water Testing
- Fireplace Safety
- Home Safety Items (ex: fire alarm, fire extinguisher, gun locks, etc.)
- Barriers/Fencing/Handrails
- Safe Sleep Items
- Other: _____

Amount Requesting: \$ _____

TYPE OF PAYMENT:

- Reimbursement
- Vendor/Contract

Vendor Name: _____

Vendor Contact Information: _____

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 Program may share information relevant to this application with other Tribal programs.

Signature: _____ Date: _____

APPLICATIONS CAN BE SCANNED, FAXED, MAILED OR HAND DELIVERED TO THE SNOQUALMIE INDIAN CHILD WELFARE PROGRAM AT:

ATTN: SNOQUALMIE INDIAN CHILD WELFARE PROGRAM
MAIL: P.O. BOX 969, SNOQUALMIE, WA 98065

FAX: (206) 689-1272
EMAIL: ICW@SNOQUALMIETRIBE.US