



SNOQUALMIE INDIAN TRIBE

INDIAN CHILD WELFARE

CAREGIVER ASSISTANCE PROGRAM APPLICATION

APPLICATION

The Snoqualmie Indian Tribe has established the following eligibility to provide the Caregiver Assistance benefit to an eligible caregiver caring for a Snoqualmie Indian Child who has been placed in the caregiver's home by the Snoqualmie Indian Child Welfare Department ("SICW"), Snoqualmie Tribal Court, the social services department or court of another jurisdiction, or a voluntary unlicensed relative guardianship that meets eligibility requirements. This application can be used to apply for the Caregiver Assistance Program.

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

1. Eligibility determination includes:
 - a. Complete Application: Provide all required supporting documents, signed the certification 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. Completed placement paperwork, if required.
 - d. Updated Release of Information
 - e. Completed Home Study, done by SICW Social Worker or another approved party.
 - f. Current and updated contact information for caregiver(s) and all other persons living in the home.
2. Program participants must re-apply annually.
3. 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. An eligible caregiver will be provided an month stipend the rate to be determined by the current policy per Snoqualmie Indian Child placed in the caregiver's home as stated above.
2. All approved payments will be payable directly to the eligible caregiver who is listed as the primary caregiver on this application.
3. The Caregiver Assistance Program will not pay for time a child was placed in a caregiver's care and the caregiver was not eligible for or approved for assistance.
4. Caregivers who are non-licensed but fall under the category of Relative Guardianship with no formal State or SICW placement may be eligible for the this program on a case by case basis. The child must have been placed with the relative for a minimum of six consecutive months



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prior to application for the program and the relative must meet the definition of relative as defined in Section 4 of the Tribe's Indian Child Welfare Act.

5. Caregivers who hold a foster license from another jurisdiction and receive financial assistance from that jurisdiction are not eligible for assistance.
6. Caregiver Assistance funding is intended to help alleviate the expenses of emergency placements, placements during dependency proceedings, and guardianships. Caregiver assistance funding will terminate when the child turns 18 years old, or when the child has been in a permanent adoption placement.

Allowable Uses of Funds

Caregiver Assistance funds must only be used for expenses that benefit the child or provide for, or contribute to, the child's needs. Allowable use of Caregiver Assistance funds includes but is not limited to:

- o Utility bills
- o Fuel to transport child as needed
- o Groceries
- o Automobile repair
- o Food/toys/clothing for the dependent child
- o Mattress/bedding/safe sleep items
- o Items necessary to heat or cool the home such as firewood, pellets, air conditioner or fans
- o Family vacation that includes the dependent child

Note, however, that caregivers must provide for the child's basic needs, including food, shelter, clothing, and transportation. So a caregiver must not, for example, spend all of the caregiver assistance funds on rent, and neglect to provide for the child's other needs.



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PERSONAL INFORMATION

Primary Caregiver: _____

DOB: _____ Enrollment #: _____

Mailing Address: _____

City, State, Zip: _____

SS#: _____ Relationship to Child: _____

Phone (or best contact number): _____

Email (if one is available) : _____

Secondary Caregiver: _____

DOB: _____ Enrollment #: _____

Mailing Address: _____

City, State, Zip: _____

Social Security#: _____ Relationship to Child: _____

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.



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BENEFITS

You will need to mark all benefits that are received in your household.

_____ Housing

_____ TCR

_____ Food Assistance

_____ TANF

_____ HUD

_____ Education

_____ Child Care Assistance

Other: _____

For Office Use ONLY :

Number of children placed in home: _____ Program Limit: _____

Jurisdiction of Court: _____ Household size: _____

Case # _____

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
EMAIL: ICW@SNOQUALMIETRIBE.US