



SAGINAW CHIPPEWA INDIAN TRIBE OF MICHIGAN

Anishnaabeg Child and Family Services

7070 East Broadway, Mt. Pleasant, MI 48858

Phone (989) 775-4901 • Fax (989) 775-4912

Caregiver Application

TYPE OF APPLICATION		APPLYING FOR		
<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Primary Foster Care	<input type="checkbox"/> Relative Care	<input type="checkbox"/> Respite Care
TYPE OF CHILD YOU ARE INTERESTED IN:				
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Either	<input type="checkbox"/> Sibling Group of up to _____ children	
<input type="checkbox"/> Specific Child _____ Age Range _____				

Applicant – Contact Information

Applicant #1		Applicant #2	
NAME (Last, first, middle)		NAME (Last, first, middle)	
E-MAIL ADDRESS		E-MAIL ADDRESS	
FORMER NAMES		FORMER NAMES	
PAGER OR CELL PHONE NUMBER	WORK PHONE NUMBER	PAGER OR CELL PHONE NUMBER	WORK PHONE NUMBER
HOME ADDRESS			HOME PHONE NUMBER
CITY		STATE.	ZIP

Household – Identifying information

List all adults and children living in the home (if more than six people, *add another sheet)

Marital Status
(choose one)

N = Never Married

M = Married living with spouse

D = Divorced

L = Legally Separated

S = Separated (married, living apart)

W = Widowed

Applicant #1		
NAME (Last, first, middle)	BIRTH DATE	MARITAL STATUS
TRIBAL AFFILIATION	HIGHEST GRADE COMPLETED	
OCCUPATION	NUMBER OF HOURS PER WEEK	

Applicant #2		
NAME (Last, first, middle)	BIRTH DATE	MARITAL STATUS
TRIBAL AFFILIATION	HIGHEST GRADE COMPLETED	
OCCUPATION	NUMBER OF HOURS PER WEEK	
Household Member #1	RELATIONSHIP TO APPLICANTS	
NAME (Last, first, middle)	BIRTH DATE	MARITAL STATUS
TRIBAL AFFILIATION	HIGHEST GRADE COMPLETED	
OCCUPATION / SCHOOL	NUMBER OF HOURS PER WEEK / GRADE IN SCHOOL	
Household Member #2	RELATIONSHIP TO APPLICANTS	
NAME (Last, first, middle)	BIRTH DATE	MARITAL STATUS
TRIBAL AFFILIATION	HIGHEST GRADE COMPLETED	
OCCUPATION / SCHOOL	NUMBER OF HOURS PER WEEK / GRADE IN SCHOOL	
Household Member #3	RELATIONSHIP TO APPLICANTS	
NAME (Last, first, middle)	BIRTH DATE	MARITAL STATUS
TRIBAL AFFILIATION	HIGHEST GRADE COMPLETED	
OCCUPATION / SCHOOL	NUMBER OF HOURS PER WEEK / GRADE IN SCHOOL	
Household Member #4	RELATIONSHIP TO APPLICANTS	
NAME (Last, first, middle)	BIRTH DATE	MARITAL STATUS
TRIBAL AFFILIATION	HIGHEST GRADE COMPLETED	
OCCUPATION / SCHOOL	NUMBER OF HOURS PER WEEK / GRADE IN SCHOOL	
Household Member #5	RELATIONSHIP TO APPLICANTS	
NAME (Last, first, middle)	BIRTH DATE	MARITAL STATUS
TRIBAL AFFILIATION	HIGHEST GRADE COMPLETED	
OCCUPATION / SCHOOL	NUMBER OF HOURS PER WEEK / GRADE IN SCHOOL	

Household Member #6		RELATIONSHIP TO APPLICANTS	
NAME (Last, first, middle)		BIRTH DATE	MARITAL STATUS
TRIBAL AFFILIATION		HIGHEST GRADE COMPLETED	
OCCUPATION / SCHOOL		NUMBER OF HOURS PER WEEK / GRADE IN SCHOOL	

Home

SCHOOL DISTRICT IN WHICH HOME IS LOCATED	SCHOOL TRANSPORTATION (BUS OR OTHER)
Does any household member smoke in the house? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there pets in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what type(s) of pet(s)? _____	

Dwelling Information

<input type="checkbox"/> Own	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Apartment
<input type="checkbox"/> Rent	<input type="checkbox"/> Duplex	<input type="checkbox"/> Single Family House

Transportation

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If you own vehicles: Do you have adequate insurance for all vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No How many passengers can fit in your vehicle? _____ Are you able to transport children to appointments or school, if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

Experience with Foster Care/Adoption

Has applicant (s) previously applied, or worked with, or currently working with a foster care/adoption agency? Yes No

AGENCY'S NAME	ADDRESS
DATES OF INVOLVEMENT AND OUTCOME	

By signing below, I agree that:

- The information that I have provided on this application is true and accurate.
- Anishnaabeg Child and Family Services and the Indian Child Welfare Committee have the right to request any documentation required by the Children's Code and Foster Care Policy and to inspect my home and its grounds at any time.
- The documentation and inspection required is necessary for Anishnaabeg Child & Family Services and the Indian Child Welfare Committee to determine whether I am complying with the Children's Code and Foster Care Policy.
- Any documentation or information that I provide during the time that I am licensed or throughout the licensing process will be true and accurate and that any misrepresentations or violations of the Children's Code and/or Foster Care Policy may result in immediate revocation or denial of the license.

I (we) understand that failure to disclose complete and accurate information may result in denial of the application.

APPLICANT #1 SIGNATURE	DATE
APPLICANT #2 SIGNATURE	DATE

Children

CHILD'S NAME	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	CHECK ALL THAT APPLY <input type="checkbox"/> Biological Child <input type="checkbox"/> Step Child <input type="checkbox"/> Other <input type="checkbox"/> Adopted Child <input type="checkbox"/> Foster Child
CHILD'S NAME	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	CHECK ALL THAT APPLY <input type="checkbox"/> Biological Child <input type="checkbox"/> Step Child <input type="checkbox"/> Other <input type="checkbox"/> Adopted Child <input type="checkbox"/> Foster Child
CHILD'S NAME	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	CHECK ALL THAT APPLY <input type="checkbox"/> Biological Child <input type="checkbox"/> Step Child <input type="checkbox"/> Other <input type="checkbox"/> Adopted Child <input type="checkbox"/> Foster Child
CHILD'S NAME	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	CHECK ALL THAT APPLY <input type="checkbox"/> Biological Child <input type="checkbox"/> Step Child <input type="checkbox"/> Other <input type="checkbox"/> Adopted Child <input type="checkbox"/> Foster Child
CHILD'S NAME	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	CHECK ALL THAT APPLY <input type="checkbox"/> Biological Child <input type="checkbox"/> Step Child <input type="checkbox"/> Other <input type="checkbox"/> Adopted Child <input type="checkbox"/> Foster Child
CHILD'S NAME	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	CHECK ALL THAT APPLY <input type="checkbox"/> Biological Child <input type="checkbox"/> Step Child <input type="checkbox"/> Other <input type="checkbox"/> Adopted Child <input type="checkbox"/> Foster Child
CHILD'S NAME	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	CHECK ALL THAT APPLY <input type="checkbox"/> Biological Child <input type="checkbox"/> Step Child <input type="checkbox"/> Other <input type="checkbox"/> Adopted Child <input type="checkbox"/> Foster Child
CHILD'S NAME	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	CHECK ALL THAT APPLY <input type="checkbox"/> Biological Child <input type="checkbox"/> Step Child <input type="checkbox"/> Other <input type="checkbox"/> Adopted Child <input type="checkbox"/> Foster Child
CHILD'S NAME	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	CHECK ALL THAT APPLY <input type="checkbox"/> Biological Child <input type="checkbox"/> Step Child <input type="checkbox"/> Other <input type="checkbox"/> Adopted Child <input type="checkbox"/> Foster Child

Employment PLEASE LIST YOUR EMPLOYMENT FOR THE LAST TEN YEARS

OCCUPATION	EMPLOYER	DATES	REASON FOR LEAVING

Military History

Have you served in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, THEN ANSWER QUESTIONS BELOW
BRANCH OF SERVICE & RANK		
DATE ENTERED SERVICE		
DATE & TYPE OF DISCHARGE		
ANY INJURIES WHILE IN SERVICE?		

Health

Do you have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE LIST
Have you had any serious illnesses, surgeries, or hospitalizations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE DESCRIBE
Have you ever received psychiatric treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE DESCRIBE
Have you ever received treatment for a mental illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE DESCRIBE
Have you ever had any alcohol or drug-related problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE DESCRIBE
Do you use tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE DESCRIBE
Are you currently taking any prescription medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE LIST & DESCRIBE
Do you currently have a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE LIST

Family Background

Applicant's Father

NAME (Last, first, middle)	BIRTH DATE / AGE	MARITAL STATUS
ADDRESS	IF DECEASED: DATE & AGE	
CURRENT OR LAST OCCUPATION	WERE YOU RAISED BY THIS PARENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant's Mother

NAME (Last, first, middle)	BIRTH DATE / AGE	MARITAL STATUS
ADDRESS	IF DECEASED: DATE & AGE	
CURRENT OR LAST OCCUPATION	WERE YOU RAISED BY THIS PARENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant's Sibling #1

NAME (Last, first, middle)	BIRTH DATE / AGE	MARITAL STATUS
ADDRESS	SPOUSE'S NAME, IF MARRIED	
NAMES OF NIECES & NEPHEWS	WERE YOU RAISED WITH THIS SIBLING? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant's Sibling #2		
NAME (Last, first, middle)	BIRTH DATE / AGE	MARITAL STATUS
ADDRESS	SPOUSE'S NAME, IF MARRIED	
NAMES OF NIECES & NEPHEWS	WERE YOU RAISED WITH THIS SIBLING? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant's Sibling #3		
NAME (Last, first, middle)	BIRTH DATE / AGE	MARITAL STATUS
ADDRESS	SPOUSE'S NAME, IF MARRIED	
NAMES OF NIECES & NEPHEWS	WERE YOU RAISED WITH THIS SIBLING? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant's Sibling #4		
NAME (Last, first, middle)	BIRTH DATE / AGE	MARITAL STATUS
ADDRESS	SPOUSE'S NAME, IF MARRIED	
NAMES OF NIECES & NEPHEWS	WERE YOU RAISED WITH THIS SIBLING? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant's Sibling #5		
NAME (Last, first, middle)	BIRTH DATE / AGE	MARITAL STATUS
ADDRESS	SPOUSE'S NAME, IF MARRIED	
NAMES OF NIECES & NEPHEWS	WERE YOU RAISED WITH THIS SIBLING? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant's Sibling #6		
NAME (Last, first, middle)	BIRTH DATE / AGE	MARITAL STATUS
ADDRESS	SPOUSE'S NAME, IF MARRIED	
NAMES OF NIECES & NEPHEWS	WERE YOU RAISED WITH THIS SIBLING? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why do you want to be a foster parent?		

By signing below, I agree that:

- The information that I have provided on this application is true and accurate.
- I understand that failure to disclose complete and accurate information may result in denial of the application.

APPLICANT'S SIGNATURE	DATE
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Anishnaabeg Child and Family Services

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Home Survey

Applicant/Family Name

This survey is intended to assist ACFS with understanding how you view your willingness and/or ability to parent children with certain difficult behaviors or conditions. Your willingness to parent a child, who, for example, lies continuously, doesn't mean you approve of that behavior.

Please check the choice which indicates, as honestly as possible, your level of acceptance for placement of a child who:

Lies moderately or continuously?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Abuses himself/herself (cut, scratch, hit, burn)?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Is physically aggressive toward others?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Steals from family, friends, school, store?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Plays with matches and sets fires?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Runs away (weekly, monthly)?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Displays inappropriate behaviors in public?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Is destructive to property (furniture, TV sets, toys)?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Is a bed wetter on a somewhat regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Soils or wets during daytime hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Has been sexually abused?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Displays inappropriate sexual behaviors (overly seductive, masturbation)?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Has or may have a sexually transmitted disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Lacks ability to give and receive affection?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Is overly friendly with strangers?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Cannot make or keep friends?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No

Does not give any or much eye contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Lacks cause and effect thinking and doesn't learn from consequences?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
May never form a close emotional attachment?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Gorges themselves on food?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Compulsively steals and hides food?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Is cruel to other children?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Becomes upset easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Is disrespectful to authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Is sad, unhappy, or depressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Has a tendency to be lazy?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Suffers from Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE)?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Has lived with many different families?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Has or wants continuing contact with birth family before adulthood?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Has a serious physical disability (i.e.blind, deaf)?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Is in a special education program?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Is disruptive in the classroom on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Is hyperactive and may or may not have Attention Deficit Hyperactivity Disorder>	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Has a parent with a history of mental illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Has emotional problems and needs ongoing counseling/therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Needs to maintain contact with siblings in another placement, grandparents or other significant people in his/her life?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Has a sleep disturbance frequently (nightmares, night terrors, night wandering)?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No

PLEASE LIST THE AGE OF THE YOUNGEST CHILD YOU WOULD ACCEPT	
PLEASE LIST THE AGE OF THE OLDEST CHILD YOU WOULD ACCEPT	

APPLICANT #1'S SIGNATURE	DATE
APPLICANT #2'S SIGNATURE	DATE



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Home Study Questionnaire

Each foster care applicant must individually and thoroughly complete a Questionnaire. This Questionnaire is used for informational purposes to assist in the home study process.

Name of Applicant:		DATE
---------------------------	--	------

Motivation:

1. Tell us why you are choosing to become a licensed foster home.
2. Do you feel you or your spouse are more motivated than other to foster, if so and why?
3. Tell us why you are choosing to become a licensed foster home.
4. Who first thought about fostering (you or your spouse)?
5. Why is this a good time for your family to foster?

Self-Description:

1. Describe yourself (personality, interest, etc.)

2. Describe your strengths and weaknesses?

3. How do you deal with stress and anger?

4. How would others describe your personality?

5. What are your qualities as a person, what makes you uniquely you?

6. What are some of your hobbies?

Family Background:

1. What is your father's name, age and current occupation? Where does he live?

2. Describe what your father was like when you were growing up (employment, personality, etc.).

3. What is your mother's name, age and current occupation? Where does she live?

4. Describe what your mother was like when you were growing up (employment, personality, etc.)

5. When you were a child, what was your relationship with your parents like? Who were you closest to?
6. When you were a child, what was your relationship with your parents like? Who were you closest to?
7. What is the most important thing your parents taught you?
8. How would you describe your present relationship with your parents? How has it changed?
9. How often are you in contact with your family? What does your family like to do together and how often?
10. Describe each your brothers and or sisters including the following information:
a. Name, age and description:
b. Marital status and children:
c. Employment and level of education:
d. Your relationship with them when you were a youth:

e. Your relationship with them now:

f. Their feelings about your fostering plans:

Marriages/Relationships:

1. When and where were you married to your current spouse?

2. How do you feel about your spouse's (significant other's) home life and family?

3. Where did you meet your spouse? How long did you date before your engagement and marriage (or cohabitation)? Describe your courtship?

4. Being objective, name ten character traits seen by others in your mate. Remember, we all have strengths and weakness.

5. What interests and activities do you share with your mate?

6. What are the strengths of your marriage (relationship)? What is the weakness?

Decision Making:

1. How are decisions made within the home?

2. Who makes the decisions?

3. How are problems worked out?

4. How are major problems dealt with?

5. Who gives in the most frequently?

Parenting

1. If you are a parent, please explain your parenting style.

2. As a parent what are your expectations (grades, chores, etc.)?

3. Who is the disciplinarian? Please discuss how you discipline your children?

4. How would you handle conflicts between your foster child(ren) and your child(ren)?

5. What is your perception of yourself as a parent?

6. Are you strict or lenient?

History of Abuse:

1. Have you ever been physically or sexually abused or neglected as a child or adult? If so please explain the circumstances of this abuse and how you were affected by this.

2. Were you able to work through the effects of this abuse? If, so how were these issues resolved.

History of Drug/Alcohol Abuse:

1. Do you have a history of alcohol or substance abuse?

2. If so, what are the circumstances of this abuse and when did it occur?

3. Did you receive treatment for this, if so how did you resolve this issue?

APPLICANT'S SIGNATURE

DATE



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Foster Care Home Financial Disclosure

Applicant #1 Monthly Gross	Applicant # 2 Monthly Gross
Any Other Income	Family's Total Monthly Income
Family's Monthly Budget	
Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent	
Utilities	
Food	
Medical (medication, Dr., Dentist)	
Insurance (life, home, car, etc.)	
Vehicle Payment(s)	
Daycare/School Expenses	
Entertainment	
Clothing	
Gasoline	
Misc. (allowance, incidentals, spending money)	
Credit Card & Installment Payments (list all)	
TOTAL:	

We are behind on the following debts (list all)

--

Any other information you would like us to consider

--

APPLICANT #1 SIGNATURE	DATE
APPLICANT #2 SIGNATURE	DATE

FOR OFFICE USE ONLY

DATE RECEIVED _____ FILE# _____



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Acknowledgement Receipt of ACFS Foster Care Policy

I _____ and _____ have received and
(Applicant One) (Applicant Two)

reviewed a copy of Anishnaabeg Child and Family Services Foster Care Policy.

Applicant one's signature

Date

Applicant two's signature

Date

Applicant one's signature

Date

ACFS Staff signature

Date

**Foster Care Policy
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Introduction

The Saginaw Chippewa Tribal Council through the provisions of the Tribal Children's Code charges the authority for Anishnaabeg Child and Family Services (ACFS) and the Indian Child Welfare Committee (ICWC) to establish the following policies and procedures for the licensing of foster care homes and their maintenance.

I. Department Mission Statement

The Anishnaabeg Child and Family Services (ACFS) of the Saginaw Chippewa Indian Tribe of Michigan, is the primary agent delegated by and through its Tribal code, Title II, Children's Code, to provide social services including protective services to tribal children. With well-being and safety as its first concern, the Department's mission is:

Promote the safety and well-being of tribal children, youth, vulnerable adults and elders, through services that are:

- Competent and community-based;
- Strengthen and support families, and
- Are culturally congruent with the traditions and values of the Saginaw Chippewa Indian Tribe of Michigan

A. Values and Beliefs

- Safety is our first concern.
- Children need families.
- We cannot tell which families are hopeless.
- Troubled families can change.
- Families are our colleagues.
- Respect for our client's values and beliefs.
- It is our job to instill hope.
- A crisis is an opportunity for change.
- Inappropriate intervention can do harm.

*Adapted from BSI Homebuilders and Families First of Michigan

B. Practice Principles

Quality, competent services to the Community are guided by the following Practice Principles:

- Client-centered, family-focused services that value early identification and prevention
- Case management and individualized service planning
- Family involvement at all levels of the service continuum
- Collaboration and coordination
- Access to a comprehensive array of services

- Services that value the mental, physical, spiritual and emotional needs of children and their families
- Protection of rights and advocacy
- Guided by the NASW (National Association of Social Workers) Code of Ethics and Social Work Knowledge, Skills and Practice Criteria

II. Licensing Requirements

A. Foster Parents/Families must:

1. Be at least twenty-one years of age and reside on or near the Saginaw Chippewa Indian Reservation (“Near-reservation” locations are; the counties of Isabella, Arenac, Osceola, Mecosta, Montcalm, Midland, Gratiot, and Gladwin) (Federal Register Vol. 58. No. 30. Feb. 17, 1993)
2. Have a stable and permanent home and be willing to accept a child into the home as a member of the family
3. Understand the needs of children and have adequate time to provide care and supervision for a child
4. Be willing to cooperate fully with Anishnaabeg Child and Family Services (ACFS), Tribal Court, the child’s parents, and comply with the Foster Care Policy
5. Pass a Federal Background Check including a check of the Child/Abuse and Neglect Central Registry and be of current good moral character
6. Be of such physical, mental, and emotional health to assure appropriate care of children
7. Have a sufficient income to support the family at the reservation standard prior to a placement of a child

B. Foster Care Homes must:

1. Be constructed and maintained in a manner that will provide for the health and safety of the family
2. Provide heating, ventilation, and light that will ensure a comfortable atmosphere
3. Have screened windows and doors if they are used for ventilation
4. Have available refrigeration for the care of perishable food

5. Have a water supply and sewage disposal system that meets the requirements of Indian Health Services
6. Maintain the following items in a safe condition (meets code):
 - a) Furnace
 - b) Water Heater
 - c) Fireplace and chimney
 - d) Pipes
 - e) Radiators
 - f) Wood-burning stoves
 - g) Other flame-producing or heat-producing equipment
7. Have at least one toilet that flushes, one sink that has warm and cold running water, and one bathtub or shower that has warm and cold running water. The temperature of the water should not exceed 120 degrees Fahrenheit.
8. Have smoke detectors on every floor of the home and at least one carbon monoxide detector installed and maintained in an area of the home recommended by the manufacturer
9. Have at least one window that could be used as an exit in every bedroom and contain at least two exits from each floor of the house
10. Have a working telephone in the home at all times when children are present

III. Types of Foster Care Homes

There are three types of Foster Care Homes. They are: Emergency Foster Care Homes, Primary Foster Care Homes, and Respite Care Homes.

A. Emergency Foster Care Homes

Emergency Foster Care Homes are homes that accept children 24 hours a day with little notice. Emergency Foster Care Homes can care for children for up to thirty days at a time.

B. Primary Foster Care Homes

Primary Foster Care Homes are homes that provide short-term to long-term care for children. ACFS can't predict how long children are going to be in need of foster care.

C. Respite Care Homes

Respite Care Homes are homes that provide temporary relief for foster care homes. Children can be placed in a Respite Care Home for a minimum of one hour and a maximum of seven days. The ACFS worker will work with the foster care parents to coordinate respite care.

IV. Foster Care Licensing

A. Application Process

The Children's Code requires that any person or entity that provides care, custody or control to any minor child in the jurisdiction of the Tribal Court shall make application for that responsibility on the Initial Application form provided by ACFS and the Indian Child Welfare Committee. In a two-parent household, both parents must sign the Initial Application. After the Initial Application is received by ACFS the applicant(s) will be assigned a distinct file number and a worker from ACFS will make contact with the applicant(s) within seven working days. During this contact ACFS will give a brief explanation of the Foster Care Policy and the applicant(s) will be given a chance to ask questions.

B. Foster Care Policy and Forms

ACFS will then advise the applicant(s) that a copy of the Foster Care Policy will be sent to them. ACFS will then make contact with the applicant(s) within 10 working days to assure they have received the Foster Care Policy. If the applicant(s) are still interested in becoming a foster care family, ACFS will distribute the following forms:

1. Foster Care Home Survey – This form will be used as a tool when deciding the age and type of child the foster family is willing to accept.
2. References – The family must be able to provide contact information for three personal references that are not related to the family.
3. Financial Disclosure – This form must be filled out completely and signed by both parents.
4. Family Self Study – This form provides family background information before the actual home study. It is expected that both parents in the household complete this form together.
5. Tuberculosis Clearance Form – Each person in the home will need a clearance stating that they have received a tuberculosis test and the results were negative.
6. Consent for Federal Background Check – Public Law 101-630 requires that Federal Background Checks be completed on all adults in the home prior to placement. All adults in the home must complete this form and be honest regarding any criminal records and/or substantiated abuse or neglect involvement including being listed on the Child Abuse/Neglect Central Registry.

The purpose of the Federal Background Checks is to ensure that NO foster care parents have been found guilty of any offense under federal, state, or tribal law involving crimes of violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, crimes against persons, or drug convictions. ACFS will begin the Federal Background Checks after all of the above forms are completed and returned to ACFS.

When the Federal Background Checks are returned, ACFS will notify the potential foster care family. If the Federal Background Checks list a conviction of any of the above crimes, the family will not be eligible for a foster care license and ACFS will notify the family in writing. If the Federal Background Checks does not list a conviction of the above crimes, then ACFS will schedule a home study with the family.

C. Home Study

The home study will require at least three visits to the home of the potential foster care family. The purpose of the home study is to verify compliance with the Foster Care Policy and review the Family Self Study.

During the home study the potential foster care family will discuss the ages and number of children that the family is interested in becoming licensed for. In determining the number of children a foster care home can be licensed for, the number and ages of children in a home will be considered on an individual basis, taking into account the foster care parent(s) ability to meet the needs of all children present in the home, physical accommodations of the home, and especially the effect which an additional child would have on the family as a unit.

It is generally preferable that:

1. Foster parents shall care for not more than two infants (under two); including the foster parents own children.
2. Foster families shall not have more than a total of eight children under age 17, including foster children and foster parents own children, in the foster home. Exceptions can be made in order to keep siblings together.

D. License Approval or Denial

After the completion of the home study, the potential foster care family's file will be presented to the Indian Child Welfare Committee by the ACFS worker. The Indian Child Welfare Committee will review information provided then make the decision on approving or denying the issuance of a license.

1. Denial of License

If the Indian Child Welfare Committee denies the issuance of a license:

- a) The denied applicant has the right to a hearing before the Indian Child Welfare Committee within 5 days of such request. The denied applicant can request a hearing with Tribal Council within 10 days of the decision.

2. Approval of License

If the Indian Child Welfare Committee approves the issuance of a license:

- a) An Initial License will be issued for a period of six months and annual periods thereafter if the foster care family continues to meet the requirements for the license.

E. Foster Care License

1. The foster care license must be posted in the foster care home at all times. It will contain:
 - The person or entity licensed
 - The residence licensed
 - The age, sex, and number of children that may be placed in the home
 - The type of license
 - Expiration date of the license
 - Any special conditions of the license
2. A foster care license applies only to the residence where the family lives at the time of the Initial Application.
3. Any person with a license shall report to ACFS any change in the condition of the licensed residence or the circumstances of the persons living within the licensed residence within 24 hours of such change.

This duty to report will include, but are not limited to the following:

- Change of residence
- Increase in household size
- Marital separation or divorce of the licensed person
- Death of the licensed person
- Total incapacitation of the licensed person
- Change in employment status outside the licensed residence
- Counseling, treatment, or therapy on an inpatient or outpatient basis for an emotional, mental, or substance abuse problem of a foster parent or member of the household
- Arrests or criminal convictions of a household member

F. Orientation and Training

The foster care family must complete Foster Care Orientation, provided by ACFS, before a child can be placed in the home. The foster care family will be required to attend and complete at least two trainings provided by ACFS during each annual licensing period.

Training is for the purpose of helping the foster care family with the following:

- a) Behavioral, emotional and physical needs of a placed child and methods to aid their development.
- b) The rights and responsibilities of foster care parents and ACFS.
- c) Child management techniques.
- d) The importance of the child's family.
- e) Support services available to children and the families.

G. Licensing Renewal

All licenses will expire on the expiration date. It will be the responsibility of the foster care parent to file a renewal application at least 30 days prior to the expiration of the license. After the renewal application is received by ACFS, it will be the responsibility of the ACFS worker to complete a verification of compliance of the Foster Care Home. The verification of compliance will then be submitted to the Indian Child Welfare Committee prior to the expiration of the license. The license shall be renewed unless conditions provide justification to revoke the license.

V. Termination of Foster Care License

A license issued by the Indian Child Welfare Committee will terminate or be revoked automatically if:

1. The licensed person voluntarily relinquishes the license in writing.
2. The residence of the licensed person changed without notifying ACFS.
3. The licensed person has died or become totally incapacitated.
4. The licensed person does not apply for a renewal before the expiration of the current license.
5. There is a preponderance of evidence of physical, sexual, or emotional abuse of any person in the licensed residence.
6. The foster care family refuses for a substantial period, following written notification by the Indian Child Welfare Committee to correct conditions that are not in compliance with the requirements
7. The foster care parents are physically or emotionally incapacitated which substantially impairs the ability of the Foster Care Home to provide adequate care, custody, and control of the children placed in the home.
8. The foster family refuses, without good reason, to accept child placements for a period of two years or more
9. The foster care family refuses to cooperate with Tribal Court, ACFS, or parental efforts to reunite the child with family.

VI. Placements

ACFS makes every attempt to keep children in their homes and with their parents. However, sometimes our attempts are unsuccessful and children need to be placed in Foster Care Homes. In the event that a child needs to be placed outside of their home, placement preference will be given in the following order:

1. A member of the Indian Child's extended family.
2. A foster home licensed, approved, or specified by the Indian child's tribe;
3. An Indian foster home licensed or approved by an authorized non-Indian licensing authority; or
4. An institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.
(1978.U.S.C.25.Ch.1(Part 23)).

A. Placement with Extended Family

In the event the child is placed with a member of their extended family, this type of placement will be called a Relative Care Home. A Relative Care Home may be the residence of a separated or divorced parent, grandparent, brother, sister, step-parent, step-brother, step-sister, uncle, aunt, nephew, niece or first cousin of the child. Relative Care Homes are the only homes not required to be licensed. However, Relative Care Homes do require a home study and approval from the Indian Child Welfare Committee. They also require Federal Background Checks for all adults that live in the home. The Relative Care Home must be willing to cooperate with ACFS and the Tribal Court to ensure that the child's needs are being met. The Relative Care Home will not receive payment for the placement of a relative. The Relative Care Home and ACFS must comply with Section VI. Placements, D., 1-10.

B. Foster Home Placement

If all attempts to place the child with an extended family member fail, then ACFS will have to contact the available Foster Care Homes that best suit the needs of the child. If the placement occurs between the hours of 5:00 pm and 8:00 am then ACFS will attempt to place the child in an Emergency Foster Care Home. ACFS will make contact with an available placement and arrange to bring the child to the home.

C. At the Time of Placement

1. Foster care parents and the ACFS worker must sign a Foster Parent Agreement. The Foster Parent Agreement states the roles and responsibilities of the foster care parents, ACFS, and the Indian Child Welfare Committee. The Foster Parent Agreement will also state the rate of reimbursement for each child. The reimbursement rate is based on the State of Michigan's daily rate of care and is determined by age range.

2. ACFS will provide the foster care parent with a record of the child. The record will need to be maintained by the foster care parent and must be returned to ACFS when the child is no longer placed in the home.
3. The record will contain:
 - a) Child's name and birth date
 - b) Any known history of abuse or neglect
 - c) All known emotional and psychological problems of the child
 - d) All known behavioral problems.
 - e) Name, address, and telephone number, including emergency telephone number, of the agency and the agency's social service worker who is assigned to the case.
 - f) Name and address, and phone number of child's physician and dentist.
 - g) Written consent authorizing the foster parent to obtain routine, non-surgical medical care and to authorize emergency medical and surgical treatment.
 - h) Report of the child's medical history. The foster care parents are responsible for updating this record every time the child receives medical or dental care. The foster care parents must also document all medications that are prescribed to the child.
 - i) The foster care parent will be responsible for storing the record to prevent unauthorized access to the child's record

D. During Placement

A foster care parent shall keep information obtained and records confidential. It is not appropriate for foster care parents to discuss the child and his/her family issues with neighbors, friends, or relatives. Children have the right to privacy. Foster care parents should regularly discuss strengths and concerns with the worker. It is best that foster care parents do not discuss issues in the presence or within hearing range of the child unless the child is also participating in the discussion. If foster care parents have further questions regarding confidentiality they should discuss them with the ACFS worker.

1. Cooperation with Anishnaabeg Child and Family Services (ACFS)

- a) The ACFS worker is required to conduct one home visit to the placement per month and with each child. ACFS is also responsible for completing a yearly assessment of each tribally licensed home evaluating how the home has fulfilled its function relative to the needs of the child placed in the home.
- b) Foster care parents and relative care providers are expected to provide transportation for the child when necessary.
- c) Foster Care parents must cooperate and assist ACFS with the child's case service plan and assuring that the child's educational needs are being met.

2. Safety and Protection

- a) Foster Care parents are expected to exercise good judgment in the care and keeping of the child placed with them. The expectation is that the caregiver will give the child an environmentally and developmentally safe home.
- b) A Foster Care Parent shall ensure that the transportation of the child is conducted as required by law. Foster Care Parents are required to follow the State's Child Restraint Laws and all other motor vehicle laws.
- c) ACFS does not furnish coverage nor assume responsibility for placed children driving motor vehicles. It is the responsibility of the caregiver to obtain insurance coverage for their own protection should they elect to allow placed children to use their car, motorcycle or any off road vehicles such as farm equipment, mini-bikes, or quad runners.
- d) A foster parent will be required to account for each foster child's money and/or valuables on a quarterly basis using the form provided by ACFS. A foster parent must ensure that all of the child's possessions are given to the child or ACFS when the child moves from the foster home.
- e) A foster care parent is mandated to report suspected child abuse or neglect. A foster care parent who suspects child abuse or neglect of a child must make a report immediately to ACFS or the county Department of Human Services.
- f) The foster parent must fully disclose to the agency information concerning a foster child's progress and problems.
- g) A foster parent is required to notify ACFS of an unusual incident such as:
 - 1) A foster child's negative involvement with law enforcement,
 - 2) A foster child missing
 - 3) Accident or injury of child
 - 4) Hospitalization of child
 - 5) Death of a foster child

3. Health Care

- a) The responsibility for the child's health care shall rest with the foster care parents who shall cooperate with ACFS.
- b) It is required that a child receive a physical exam within 60 days from the date of placement and a child, over the age of three, receive a dental exam within 90 days from the date of placement. ACFS in cooperation with the Foster Care Parents must ensure that each child is up to date on his/her immunizations.

- c) If a child that is placed in Foster Care wants or needs an elective surgery than the child's parents must consent to the surgery. If the parent's rights have been terminated by the court then the appropriate guardian of the child may give consent. Foster Care Parents are required to obtain a statement from the physician requesting surgery. The statement must contain the reason the surgery is necessary, the consequences of not having surgery, where the surgery will be performed, the projected surgery date, and the benefits of the surgery. In addition, the Foster Care Parent needs to obtain a "Consent to Surgery" form from the hospital where the surgery is to be performed. Non-emergency, elective surgery is defined as surgery, which is neither urgent nor mandatory for the preservation of life or prevention of disability, and surgery that may be scheduled in advance at a time of convenience.
- d) Foster Care Parents are required to obtain written parental permission through the ACFS Caseworker, prior to allowing a child to have his/her ears pierced or hair cut.

4. Sleeping Arrangements for Foster Child

- a) Children, other than infants and during emergencies (illness), shall not share sleeping quarters with adults in the household.
- b) The sharing of sleeping rooms by children of opposite sexes shall be based on the age, functioning level, and individual needs of each child.
- c) Each child shall sleep alone in a bed or with only 1 other child of the same sex in a double bed. Sharing a double bed shall be based on the age, functioning level, and individual needs of each child.
- d) The foster parent must provide comfortable beds that are age appropriate. The beds must contain a clean and comfortable mattress, pillow, linens, and blankets.

5. Clothing

- a) A foster care parent shall provide a sufficient amount of clothing that is properly sized and appropriate for each foster child.

6. Mail

- a) All children in care are permitted to send and receive mail. Others shall not read the child's letters except where there is just cause to justify such action.
- b) If there is justification for opening a letter, the child shall be present when the letter is opened. The worker must be available to the child when mail with potentially distressing information is presented.

7. Visitations

- a) Foster care parents and relative care providers are expected to assist ACFS in providing visitations between the parent and child.
- b) When separated, the relationship between siblings must be maintained by visits.
- c) The ACFS worker will discuss specific visitation schedules with the foster care parent or relative care provider. Every attempt is made for special visiting arrangements for the child and parents during birthdays and holiday times.

8. Discipline for Foster Child

a) **Appropriate Discipline**

Discipline- "to teach"

All Saginaw Chippewa Indian Tribal Foster Homes shall provide any child in their care with a secure and loving home. They shall nurture the child by rewarding positive behaviors. Any person providing substitute care on behalf of the parents (Foster parents, ACFS staff, Respite Care, Babysitters) shall respond to behavioral problems by encouraging self-control, self-direction, self-esteem, and cooperation in a firm but kind manner. All discipline shall be age appropriate, fair, reasonable, consistent, and related to the individual child's needs, state of development and behavior.

Foster Parents need to sit down with the child and explain what is expected of the child (i.e.-chores) and what the house rules are (i.e.-no jumping on the beds). Foster parents shall use this opportunity to learn what the child's limitations are, and not to assume the child knows what is acceptable and unacceptable.

While discussion and explanation are the traditional Anishnaabe ways of dealing with discipline, the following may also be used

- 1) Discussion and Explanation- Explain to the child why the behavior is inappropriate, how it harms the child, family, and others.
- 2) Reinforcement and Praise Appropriate Behavior- Let the child know when they are displaying appropriate behavior. (i.e.-"Good job playing quietly while we were....." "Good job putting your plates in the sink after dinner." Etc...)
- 3) Redirection- Remove the child from the activity and provide the child with an alternative activity, preferably something the child can do alone.

- 4) Timeouts- Select a place for the time out such as a chair in the hallway or a corner of a room. The timeout area should be in a dull environment where the child cannot view TV or play with toys, but can be easily observed. Timeout areas should not be dark and scary! Time outs should generally last one minute per age (i.e. 3 minutes for a 3 year old child). Timeouts can be re-administered if the child leaves the time out early.
- 5) Positive Incentives for Appropriate Behavior- i.e. Read an extra bedtime story to the child, let the child stay up a few minutes later, let the child pick dinner, let the child help you water the plants outside, etc...
- 6) Chores for Older Youths- Have a list of five minute work chores (i.e.-scrub a burner on the stove, clean the kitchen/bathroom sink, sweep the floor, empty the dishwasher, vacuum the carpet in one room, wipe down one wall, etc...)
- 7) Chores may also be used as a consequence for inappropriate behavioral problems such as talking back or non-compliance. Make it clear that non-compliance will mean doing chores as a form of discipline. Make a list of longer chores (i.e.- pulling weeds, mowing the lawn, cleaning windows, raking leaves, etc.) and explain that these chores will be assigned if the child is non-compliant.
- 8) Removal of Privileges- If a child abuses a toy, remove the toy for a specific amount of time, and explain why the toy was removed and why the action was not acceptable.
- 9) Grounding – removing privileges (i.e.-game systems, toys, cartoons, etc.) is a form of grounding and can be used when the child is in an environment other than his/her foster home.
- 10) Contracting- Teens often need to express their independence. Contracting is a useful tool that allows the teen’s input and responsibility for their actions and consequences. It is a written agreement between the foster parent and the child, and may also include the worker and biological parents.

A foster parent may use reasonable restraint to prevent a foster child from harming him or herself, other persons, or property or to allow the child to gain control of him or herself.

b) Inappropriate Discipline

Foster parents are prohibited from:

- 1) Corporal punishment or threats of corporal punishment are not allowed. Such as: subjecting children to punishment of a physical nature, i.e., shaking, striking, spanking, swatting, thumping, pinching, popping, shoving, spitting, biting, hair

pulling, yanking, slamming, excessive exercise or any cruel treatment that may cause pain

- 2) Children must not have anything put in their mouth as punishment.
- 3) Restraining a child by any means other than holding and then for only as long as is necessary for the child to regain control.
- 4) Children must not be humiliated, yelled at, or rejected by subjecting children to punishment of a psychological nature, i.e., humiliation by derogatory, sarcastic or shameful remarks about them or their families, race, gender, religion, or cultural background.
- 5) Children must not be subjected to harsh, abusive or profane language or actual or implied threats of physical punishment.
- 6) Children must not be punished or threatened in association with food, rest or toilet training; bed-wetters must not be shamed or punished.
- 7) Foster parents may use brief, supervised separation from the group if necessary, but must not place children in a locked room or in a dark room with the door closed.
- 8) Permitting children to discipline other children.
- 9) Punishing an entire group due to the actions of one child.
- 10) Seeking or accepting parental permission to use any punishment or act prohibited by the Department.

9. Travel

- a) Foster Care Parents are required to notify ACFS of travel within the State of Michigan when they will be away from the licensed home for more than three days. Or if by going away, the travel plans interfere with the child's visitation with his/her parents.
- b) Out of State Travel requires special permission from the Indian Child Welfare Committee. Generally, permission is given if the child is accompanying the family on vacation or to visit relatives. Foster care parents must notify ACFS at least two weeks in advance of traveling out of state. A Travel Authorization will be given to the foster care parents if the Indian Child Welfare Committee approves the out of state travel.

- c) Whenever traveling with a placed child, the foster care parents must provide ACFS with the name of a contact person and phone number where the family can be reached, destination, and duration of travel.

10. Reunifying or Transfer of Care

If foster care parents are experiencing a major problem with a child placed in their home, it is very important to discuss this with the worker. It is hoped that before a problem becomes too serious and results in a disrupted placement that every effort is made and assistance given by and to the foster care parent to maintain the child in the foster care home. If foster care parents are unable to continue serving the needs of the child, the worker will begin to look for another foster care placement.

ACFS makes every attempt to reunify children with their families. At the time of reunification ACFS will develop a plan with the foster care parents, the child, and the child's family regarding the transition of the child back into their original home.

VII. Complaints

When any licensing complaint is made against a foster care home, the complaint will be investigated in a timely manner. The investigation will be completed by a different ACFS worker or Protective Services Supervisor, who will address the investigation with the Indian Child Welfare Committee.

This shall ensure that ACFS:

1. Provides protection to children in placement care;
2. Prevents subsequent problems;
3. Helps to maintain an honest open working relationship between the foster care parents and ACFS

ACFS will inform the foster care parents that a complaint has been made prior to beginning the complaint investigation.

The investigating worker will explain:

1. What an allegation is;
2. The exact nature of the complaint; and
3. The investigation process.

At the conclusion of the investigation, the foster care parent will be provided a copy of the conclusion in a timely manner. If the investigation requires a corrective action, the worker will make sure the foster care parent understands how to successfully accomplish the task(s).



SAGINAW CHIPPEWA INDIAN TRIBE OF MICHIGAN

Anishnaabeg Child and Family Services

7070 East Broadway, Mt. Pleasant, MI 48858

Phone (989) 775-4901 • Fax (989) 775-4912

PLEASE LIST THREE PERSONAL REFERENCES THAT ARE NOT RELATED TO YOU

Applicant/Family Name _____

Reference # 1

FULL NAME (Last, First, Middle)

ADDRESS - STREET NUMBER & NAME

CITY

STATE

ZIP

PHONE NUMBERS (Home, Cell, Message)

APPLICANT'S RELATIONSHIP TO REFERENCE

LENGTH OF TIME APPLICANT HAS KNOWN REFERENCE

Reference # 2

FULL NAME (Last, First, Middle)

ADDRESS - STREET NUMBER & NAME

CITY

STATE

ZIP

PHONE NUMBERS (Home, Cell, Message)

APPLICANT'S RELATIONSHIP TO REFERENCE

LENGTH OF TIME APPLICANT HAS KNOWN REFERENCE

Reference # 3

FULL NAME (Last, First, Middle)

ADDRESS - STREET NUMBER & NAME

CITY

STATE

ZIP

PHONE NUMBERS (Home, Cell, Message)

APPLICANT'S RELATIONSHIP TO REFERENCE

LENGTH OF TIME APPLICANT HAS KNOWN REFERENCE

APPLICANT #1'S SIGNATURE

DATE

APPLICANT #2'S SIGNATURE

DATE



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Medical Clearance

Patient Information (To be Completed by Patient)

FULL NAME (Last, First, Middle, Jr., II, etc.)		DATE OF BIRTH	SOCIAL SECURITY #	PHONE NUMBER
ADDRESS (Street # & Name)		CITY	STATE	ZIP

Release of Information (To be Completed by Patient)

I authorize the release of medical information concerning me to the Saginaw Chippewa Indian Tribe of Michigan's Anishnaabeg Child & Family Services, for the purpose of determining my suitability to provide or be associated with the care of children.

PATIENT'S SIGNATURE	DATE	PHYSICIAN'S NAME
---------------------	------	------------------

Medical Information (To be Completed by Physician)

- This individual is, or will be, providing care for a child/dependent adult on a daily basis.
- It is necessary to establish that those providing care are in such physical and mental health as not adversely affect the health or safety of a child and the quality and manner of his/her care.
- To assist us in this determination, you are being asked to answer the following.

HAS THIS PERSON BEEN TESTED FOR TB? <input type="checkbox"/> No <input type="checkbox"/> Yes	IF YES, DATE TESTED	TEST TYPE <input type="checkbox"/> Skin Test <input type="checkbox"/> X-Ray	RESULTS <input type="checkbox"/> Positive (Explain in Comments) <input type="checkbox"/> Negative
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How would you describe the patient's general physical/mental health? (Use comments section for explanations)

- No physical/mental condition or health problem exists that would limit the ability to work with or around children.
- Physical/mental condition or health problem exists that would not limit the ability to work with or around children.
- Physical/mental condition or health problem exists which would affect the ability to work with or around children, with or without reasonable accommodation.

Please list all prescriptions that are currently prescribed to the patient

COMMENTS (Please use back of this form if additional space is needed)

Would you like to be contacted by the licensing consultant regarding your recommendation? Yes No

PHYSICIAN'S SIGNATURE	DATE OF SIGNATURE	PHONE NUMBER	DATE OF EXAMINATION
ADDRESS (Street # & Name)	CITY	STATE	ZIP



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Anishnaabeg Child and Family Services

7070 East Broadway, Mt. Pleasant, MI 48858

Phone (989) 775-4901 • Fax (989) 775-4912

Fingerprint Request

Application Type:

Foster Care Relative Care Provider Guardianship

Person Being Cleared:

Foster Parent Guardian Adult Member of Household

Name

FULL NAME (Last, First, Middle, Jr., II, etc.)

OTHER NAMES USED (Maiden Names, Previous Married Names, etc.)

Address

STREET NUMBER & NAME

CITY

STATE

ZIP

COUNTY

PLEASE LIST ANY STATES THAT YOU HAVE LIVED IN FOR THE PAST 10 YEARS:

Phone Numbers

HOME

WORK

CELL

Identifying Information

DATE OF BIRTH

PLACE OF BIRTH

RACE

SEX

Male Female

SOCIAL SECURITY NUMBER

License Information

DRIVER'S LICENSE #

ISSUING STATE

HEIGHT

WEIGHT

EYE COLOR

HAIR COLOR

Marital Information

MARITAL STATUS	SPOUSE'S NAME
----------------	---------------

Criminal History

Have you ever been convicted of a crime, felony, or misdemeanor? Yes No

If yes, please explain

By signing below, I certify that:

- The information that I have provided on this application is true and accurate.
- I understand that Anishnaabeg Child & Family Services may perform this check at any time they deem necessary.
- I am authorizing the release of information concerning a background investigation of myself.

APPLICANT'S SIGNATURE	DATE
-----------------------	------

TRIBAL POLICE USE ONLY	
Date Fingerprinted:	_____
Type of Picture ID Presented:	_____
TCN #:	_____