



NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

Dear Foster Care Parent,

Quyanaqpak for being a Tribally Licensed Foster Care Parent for the past year!

We are hoping that you will renew your Tribal Foster Care License for the next year. Please use this Renewal NVB Foster Care License Application if you decide to do so.

In accordance with our Tribal Foster Care Licensing Standards, 1.L. Family Qualifications, NVB will issue a 2-year licensure if renewed before the end of the first year license expires and if the foster home meets all the requirements with the exception of a mandatory annual Criminal Background Check through the State of Alaska Dept. of Public Safety.

Disclosure: Due to potential conflicts of interest, the Native Village of Barrow will not approve any applicants who work for the Native Village of Barrow Social Services Department (NVB-SS), North Slope Borough Children Youth Services (CYS), State of Alaska Office of Children Services (OCS), or State of Alaska Department of Health & Social Services (DHSS).

If you have any questions regarding this renewal application, please call our Workforce Department office at 907-852-4411. You can also email our staff at frances.leavitt@nvb-nsn.gov or annie.rexford@nvb-nsn.gov.

Quyanaqpak!

Workforce Development Staff

RENEWAL APPLICATION CHECKLIST

☐ Application

☐ Copy of State ID and/or Driver's License
(**Only** if your State ID/License has expired since turned into NVB)

☐ Criminal Background Check
(include one for each household member 16 years and older, contact your local Police Dept., submit every 6 months.)

☐ Fire Inspection
(**Only** if you have moved since your initial Foster Care Application)

☐ Standard First Aid & CPR w/AED Certificate
(**Only** if expired)

Completed documents/items can be submitted by either of the following ways:

In-Person

Native Village of Barrow
6090 Boxer Street
Barrow, Alaska 99723

Email

frances.leavitt@nvb-nsn.gov
annie.rexford@nvb-nsn.gov

Mail

Native Village of Barrow
ATTN: WORKFORCE
PO Box 1130
Barrow, Alaska 99723

Fax

(907) 852-8844

**NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL
GOVERNMENT**

Workforce Development Department
RENEWAL Tribal Foster Care License Application

APPLICATION

APPLICANT #1

APPLICANT #2 (If you want to be the single primary parent, add your spouse or significant other in the Household Members field.)

Last name, First name, Middle Initial: _____		Last name, First name, Middle Initial: _____	
Aliases, Maiden name: _____		Aliases, Maiden name: _____	
Social Security Number: _____		Social Security Number: _____	
Tribal Membership: _____		Tribal Membership: _____	
Enrollment #: _____		Enrollment #: _____	
Race (check all that apply) <input type="checkbox"/> Alaskan Native Tribe: _____ <input type="checkbox"/> American Indian Tribe: _____ <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____		Race (check all that apply) <input type="checkbox"/> Alaskan Native Tribe: _____ <input type="checkbox"/> American Indian Tribe: _____ <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____	
Primary Language: _____		Primary Language: _____	
Religious Affiliation (optional): _____		Religious Affiliation (optional): _____	
Last Grade Completed: _____		Last Grade Completed: _____	
Employment Status:		Employment Status:	
<input type="checkbox"/> Employed at: _____		<input type="checkbox"/> Employed at: _____	
Please check any current employment that apply: <input type="checkbox"/> NVB Social Svs. <input type="checkbox"/> NSB CYS <input type="checkbox"/> OCS <input type="checkbox"/> DHSS <input type="checkbox"/> Self Employed (describe): _____ <input type="checkbox"/> Unemployed: _____ <input type="checkbox"/> Other (describe): _____		Please check any current employment that apply: <input type="checkbox"/> NVB Social Svs. <input type="checkbox"/> NSB CYS <input type="checkbox"/> OCS <input type="checkbox"/> DHSS <input type="checkbox"/> Self Employed (describe): _____ <input type="checkbox"/> Unemployed: _____ <input type="checkbox"/> Other (describe): _____	
Work Phone: _____	Home Phone: _____	Work Phone: _____	Home Phone: _____
Other Phone: _____	Email Address: _____	Other Phone: _____	Email Address: _____
Mailing Address _____		City/Village _____ State _____ Zip _____	
Street Address _____		City/Village _____ State _____ Zip _____	

**NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL
GOVERNMENT**

Workforce Development Department
RENEWAL Tribal Foster Care License Application

HOUSEHOLD MEMBERS (Include yourself first, then include every member of your household. Attach a separate sheet if needed.)

Name	Date of Birth	Age	Driver License No. and State Issued	Social Security No.	Relationship
					<i>self</i>

Has any household member had any domestic violence, substance abuse problems, or any serious physical or mental health problems that could endanger the health, well-being, or safety of any child? ☐ No ☐ Yes

If yes, please explain: _____

REFERENCES

(please list 3 people who are NOT related to you, and that has known you for 2 or more years)

Name	Mailing Address/Phone Number	Relationship
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Not required for renewal

FOSTER CARE CHILD(REN)

Please indicate the sex and age-range of the child(ren) you are willing to care for:

Sex: ☐ Boy ☐ Girl ☐ Both Age Range: ☐ 0-5 ☐ 6-11 ☐ 12-18 ☐ Any

Number of children you're willing to care for: _____

Would you be willing to care for a child with special needs? ☐ Yes ☐ No

If yes, which of the following special needs would you be able to care for?

- | | | |
|--|---|--|
| <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Fetal Alcohol Syndrome | <input type="checkbox"/> Physically Abused |
| <input type="checkbox"/> Physical/Motor Disability | <input type="checkbox"/> Fetal Alcohol Affected | <input type="checkbox"/> Sexually Abused |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Drug Affected | <input type="checkbox"/> Neglected |
| <input type="checkbox"/> Vision Impaired | <input type="checkbox"/> Other: _____ | |

Please indicate the length of time you are willing to provide foster care:

- ☐ Emergency care (up to one month)
- Short-term care: ☐ 1-3 months ☐ 3-6 months
- Long-term care: ☐ 6-9 months ☐ 9-12 months ☐ longer than 12 months

Are you interested in adopting a child? ☐ Yes ☐ No

If you will be caring for a relative child(ren), please indicate your relationship to that child.

☐ Maternal ☐ Paternal

**NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL
GOVERNMENT**

**Workforce Development Department
RENEWAL Tribal Foster Care License Application**

APPLICANT CERTIFICATION, AGREEMENT, AND SIGNATURE

- ☐ I (we) certify that I am 18 years of age or older.
- ☐ I (we) certify that all members of my household are in and shall be in good physical health and will not pose a risk to the health, safety, and well-being of children placed in my home, and to notify NVB Tribal Court, Social Services, and Workforce staff IMMEDIATELY if problems occur in the home that could affect the health, well-being, and safety of children placed in our care.
- ☐ I (we) certify that all members of my household are in and shall be in good mental health and will not pose a risk to the health, safety, and well-being of children placed in my home, and to notify NVB Tribal Court, Social Services, and Workforce staff IMMEDIATELY if problems occur in the home that could affect the health, well-being, and safety of children placed in our care.
- ☐ I (we) will provide NVB Workforce Development Department – Foster Care Parent Program with a health examination report, if requested, signed by my doctor which is current within one year of my Tribal Foster Care License Application.
- ☐ I (we) agree that no member of my household including myself, will not hit, spank, shake, threaten, physically punish, use any discipline that is frightening to the child, or call the child hurtful names, nor will we use corporal punishment or withholding of family visitation as a disciplinary measure.
- ☐ I (we) agree that we will not leave any child placed in our care unattended at any time for any purpose, and that we will find an adult childcare provider who is sound and capable of caring for the children whenever childcare is needed, and for any temporary care needed more than a full day, that we will attain pre-approval from the NVB Tribal Court, Social Services, and Workforce staff.
- ☐ I (we) agree that I will be aware of each child's location at all times.
- ☐ I (we) agree to keep our home free of drugs, substance abuse, and violence.
- ☐ I (we) will notify NVB Tribal Court, Social Services, and Workforce staff IMMEDIATELY if there are any changes in address, phone number, household members, physical or mental health, or any household criminal status, and that we will submit a background check every 6 months while licensed.
- ☐ I (we) will follow-up with all services recommended by the NVB Tribal Court for the child(ren) placed in our home.
- ☐ I (we) will submit to NVB Tribal Court periodic reports on the child(ren)'s progress such as School Reports, Early Prevention Development Screening Test, Physical Exams, Medical/Dental/Health Screening Reports, and Immunizations.
- ☐ I (we) certify that we will not talk about the child's personal information with people other than those identified by the NVB Tribal Court, and not to discuss the child's situation among yourselves within the child's hearing distance, including infant children.
- ☐ I (we) certify that all information provided on this application is accurate and truthful to the best of my knowledge, and that we have read all agreements and follow licensing requirements stated above.
- ☐ I (we) understand that should any actions by anyone in the home violate this agreement, that the child(ren) placed in my care be removed.

Applicant #1	Applicant #2
Print Name:	Print Name:
Signature: Date:	Signature: Date:

**NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL
GOVERNMENT**

Workforce Development Department
RENEWAL Tribal Foster Care License Application

Native Village of Barrow
Workforce Development Foster Care Program
PO Box 1130
Barrow, Alaska 99723
Phone: (907) 852-4411
Fax: (907) 852-8844

AUTHORIZATION FOR RELEASE OF INFORMATION

(Complete a separate form for each household member over the age of 16 years old, including yourself.
Make copies if needed.)

I, _____, hereby authorize the Office of
Children's Services to release the following:

- Information pertaining to any open child abuse investigation in which I have been identified as the alleged perpetration; and
- Dates of any substantiated reports of harm in which I have been identified as the perpetrator of child-abuse and or neglect; and
- Date of any negative licensing actions.

Last Name - Print

First Name – Print

Maiden Name, if any - Print

Date of Birth

Social Security #

Signature

Date

SPACE BELOW THIS LINE IS FOR THE OFFICE OF CHILDREN'S SERVICES ONLY

Is the applicant identified as the alleged perpetrator in a substantiated Report of Harm or as a perpetrator
In an open child-abuse or neglect case? ☐ Yes ☐ No

Has the applicant ever been licensed? ☐ Yes ☐ No

Were there any negative licensing actions? ☐ Yes ☐ No

Print Name & Title (OCS Staff only)

Signature

Date

PLANNING FOR TRIBAL FOSTER CARE

HOME SAFETY:

- ☐ YES ☐ NO Each floor level in my home has at least one (1) unblocked exit and one (1) smoke detector.
- ☐ YES ☐ NO There are at least two (2) means of exiting the home in the event of an emergency.
- ☐ YES ☐ NO I have the following out of child's reach or locked away: guns, knives, scissors (or other sharp objects), cleaning supplies, plastic bags, medication/prescription drugs, matches/lighters (or other flammable items), litter/rubbish.
- ☐ YES ☐ NO Each child's room has heat, light, and ventilation which is safe and comfortable for the child.
- ☐ YES ☐ NO My home indoor and outdoor play areas are free from any safety hazards.
- ☐ YES ☐ NO Toys and objects (including high chairs) are safe, durable, non-toxic, and easy to clean.
- ☐ YES ☐ NO Pets in our home are current with rabies and other shots, and pets are tolerant of children.
- ☐ YES ☐ NO Combustible and flammable materials are stored safely away from water heaters, furnaces, stoves, and ovens.
- ☐ YES ☐ NO My home has class 2-A-10BC (or larger) fire extinguishers in the kitchen and other recommended areas by the local fire department. (At least one 2-A-10BC fire extinguisher per floor level of home is required.)
- ☐ YES ☐ NO I will have created a Fire Escape Plan and will provide it to NVB Workforce with the Foster Care Application.

FIRE ESCAPE PLAN:

Please provide this **ONLY** if you have moved or remodeled/renovated your home.

FLOOR PLAN AND ESCAPE ROUTES:

In the space provided on the next page, please draw a diagram of your home. Label each room (ex: "kitchen" "bedroom" etc...)
Indicate position of doors and windows. Also show the location of the established meeting place outside of your home where your family will meet if a fire occurs.

Applicant #1	Applicant #2
Print Name:	Print Name:
Signature: _____ Date: _____	Signature: _____ Date: _____

A large grid of 30 columns and 30 rows of small squares, intended for drawing a house and fire escape plan.

Draw diagram of house and fire escape plan here

**NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL
GOVERNMENT**

Workforce Development Department
Tribal Foster Care Provider
Criminal History Report | Criminal Justice Information

Applicant,

Please use the following form **(Request for Criminal Justice Information Form)** if you cannot pay for a background check or if you live in one of the villages where background checks aren't available.

Instructions:

1. Fill out the highlighted areas on the form.
2. Make sure you sign and date the form in both of the requested areas. *Will not be processed if missing one signature.*
3. Return form to NVB Workforce with your application and we will pay for the background check.

If you have any questions, please email our office at frances.leavitt@nvb-nsn.gov or annie.rexford@nvb-nsn.gov.

Quyanaq,

-Workforce Staff

STATE OF ALASKA
DEPARTMENT OF PUBLIC SAFETY
REQUEST FOR CRIMINAL JUSTICE INFORMATION
From the Alaska Criminal History Record Repository

Original forms must be submitted to:

Criminal Records and Identification Bureau
5700 E. Tudor Road, Anchorage, AK 99507
Telephone: (907) 269-5767 Fax: (907) 269-5091 (RSAs only)
Include fee: \$20 single copy, \$5 each additional copy
Check or money order must be made payable to 'State of Alaska'

Type of information being requested (**from other than the record subject**): (Choose ONE)

- ☒ 1. Criminal Justice Information available to **ANY PERSON for ANY PURPOSE**
▪ This report includes current/open criminal charges and charges that resulted in conviction, excluding sealed records.
- ☐ 2. Criminal Justice Information available to an **INTERESTED PERSON**
▪ This report includes all criminal charges and dispositions, excluding sealed records
2.A. If you checked item 2, the requester must provide the following information:
I request this report for the purpose of determining whether to grant the record subject supervisory or disciplinary power over (check all that apply):
☐ Minor(s)
☐ Dependent adult(s)
Title or brief description of the position under consideration: _____
- ☐ 3. Criminal Justice Information needed for another purpose authorized by federal or state law.
Client Number: _____
If you check this box, you **must** provide the client number assigned by the DPS Records and Identification Bureau.
To obtain a client number, you must provide the applicable state or federal statute to this office for review and approval prior to submitting this request.

*A check or money order payable to the State of Alaska in the amount of \$20 **must** accompany this request. Additional copies, if requested at the time of this request, may be obtained for an additional \$5 per copy. State agencies with a Reimbursable Services Agreement (RSA) in place may fax the appropriate forms. All other requests must be submitted via U.S. Postal Service or in person.*

Subject Name: _____

Maiden/Alias name(s): _____

Mailing Address: _____

City/State/Zip: _____

Alaska Drivers License #: _____

Date of Birth: _____

Sex: ☐ -Male ☐ Female **Soc Sec No.** _____

Telephone: _____ **Msg:** _____

To be completed by the record subject: *"I authorize the release of my criminal justice information record, (described above) to the named requester."*

Signature of subject: _____

Date Signed: _____

Requester Name: Annie Rexford

Title: Workforce Director

Business/Agency: Native Village of Barrow

Mailing Address: PO Box 1130

City/State/Zip: Barrow, Alaska 99723

Date of Birth: _____ **Telephone:** 907-852-4411

Sex: ☐ -Male ☐ - Female **Soc Sec No.** _____

The requested record will be mailed to the above named individual at the listed address. If you would like the record faxed, check the box below:

☐ Fax Number: PLEASE MAIL ONLY

Signature of requester: _____

Date Signed: _____

Unsworn Falsification Statement (Your request will not be processed if you do not sign this statement.)

I certify under penalty of unsworn falsification (AS 11.56.210) that the information I am supplying on and with this form is true and correct.

Record Subject's Signature

Date



NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

(Fill one out for every person over the age of 16)

Subject and Record Information:

First Name, Middle Initial, Last Name (Print)

Address

City

State

Zip-code

Date of Birth

Last 4 digits of SSN

I, _____, hereby authorize the release
of the following:

- National Criminal Justice History
- National Sex Offender Registry History
- National Protective Services History
- State of Alaska Court Records
- State of Alaska Foster Care Payments
- Fire Inspection Records

The information described above will be released to (check one):

☐ **By Mail:**
Native Village of Barrow
ATTN: _____
PO Box 1130 / 6090 Boxer Street
Barrow, Alaska 99723

or

☐ **By Email:**
annie.rexford@nvb-nsn.gov
frances.leavitt@nvb-nsn.gov

Record Subject's Signature

Date

Record Subject's Printed Name

Date

**FOSTER CARE PROVIDER
PROGRAMS, PAYMENTS & INVOICE**

Hello!

Quyanaqpak for serving as a Tribally Licensed Foster Care Parent! We appreciate your dedication to helping our children.

After you are approved into the NVB Foster Care Program, you will be automatically eligible for our Child Care Assistance Program (*pending certified provider*) should you be in the labor work-force, and need outside child care for the foster child. You can contact your NVB Social Services case-worker to get this started. You can also contact our Workforce Staff who may be able to provide you a list of approved NVB Child Care Providers at your request. If you already have a certain Child Care Provider in mind that is **not** in our program, please refer them to us and we can help them become a certified NVB Child Care Provider.

You can also receive a monthly payment to help pay for the child's needs. Below is a list of allowable items (but not limited to) that you may need to purchase for the child.

- | | |
|------------------|-------------------|
| ➤ Food | ➤ Hats/gloves |
| ➤ Infant Formula | ➤ School supplies |
| ➤ Diapers | ➤ Shampoo |
| ➤ Wipes | ➤ Soap |
| ➤ Clothing | ➤ Toothbrush |
| ➤ Shoes/boots | ➤ Toothpaste |

At any time ever, you are not allowed to spend the payment on:

- Cigarettes
- Alcohol
- Illegal Drugs
- Weapons

Also, you should talk with your NVB Social Services case-worker about an initial one-time purchase of clothing items for the child(ren).

Quyanaq!

Workforce Development Staff

**NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL
GOVERNMENT**

Workforce Development Department
Tribal Foster Care Provider
Programs, Payments & Invoice

INVOICE

Today's Date	
Foster Care Provider Name Mailing Address City, State, Zip Code Phone #	

Child's Initials & Age	
Beginning Date	
Ending Date	
Total Days	

Child's Initials & Age	
Beginning Date	
Ending Date	
Total Days	

Child's Initials & Age	
Beginning Date	
Ending Date	
Total Days	

Child's Initials & Age	
Beginning Date	
Ending Date	
Total Days	

Provider's Signature

Date

NVB Social Services Signature

Date