



# 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](mailto:frances.leavitt@nvb-nsn.gov) or [annie.rexford@nvb-nsn.gov](mailto: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](mailto:frances.leavitt@nvb-nsn.gov)  
[annie.rexford@nvb-nsn.gov](mailto: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)<br><input type="checkbox"/> Alaskan Native Tribe: _____<br><input type="checkbox"/> American Indian Tribe: _____<br><input type="checkbox"/> Black<br><input type="checkbox"/> White<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Pacific Islander<br><input type="checkbox"/> Other: _____                                 |                | Race (check all that apply)<br><input type="checkbox"/> Alaskan Native Tribe: _____<br><input type="checkbox"/> American Indian Tribe: _____<br><input type="checkbox"/> Black<br><input type="checkbox"/> White<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Pacific Islander<br><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: _____  |                |
| <b>Please check any current employment that apply:</b><br><input type="checkbox"/> NVB Social Svs. <input type="checkbox"/> NSB CYS <input type="checkbox"/> OCS <input type="checkbox"/> DHSS<br><br><input type="checkbox"/> Self Employed (describe): _____<br><br><input type="checkbox"/> Unemployed: _____<br><br><input type="checkbox"/> Other (describe): _____ |                | <b>Please check any current employment that apply:</b><br><input type="checkbox"/> NVB Social Svs. <input type="checkbox"/> NSB CYS <input type="checkbox"/> OCS <input type="checkbox"/> DHSS<br><br><input type="checkbox"/> Self Employed (describe): _____<br><br><input type="checkbox"/> Unemployed: _____<br><br><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.

| <b>Applicant #1</b> |       | <b>Applicant #2</b> |       |
|---------------------|-------|---------------------|-------|
| 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 perpetrator; 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.

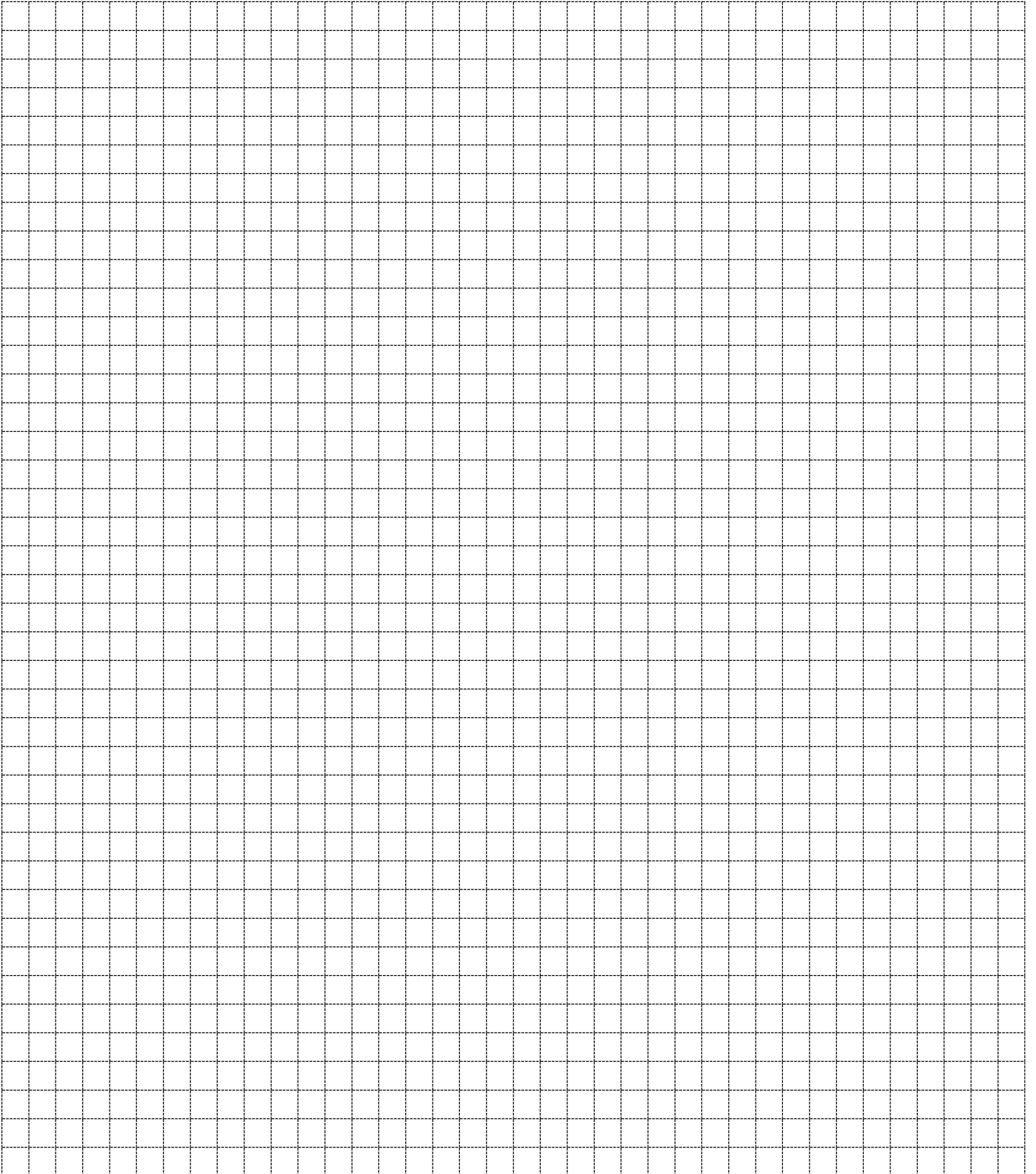
**FIRE ESCAPE PLAN:**

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.

|                              |                              |
|------------------------------|------------------------------|
| <b>Applicant #1</b>          | <b>Applicant #2</b>          |
| Print Name:                  | Print Name:                  |
| Signature: _____ Date: _____ | Signature: _____ Date: _____ |



**Draw diagram of house and fire escape plan here**

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](mailto:frances.leavitt@nvb-nsn.gov) or [annie.rexford@nvb-nsn.gov](mailto: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**



**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 workforce, 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
- Infant Formula
- Diapers
- Wipes
- Clothing
- Shoes/boots
- Hats/gloves
- School supplies
- Shampoo
- Soap
- Toothbrush
- 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<br>Mailing Address<br>City, State, Zip Code<br>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