



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

Dear Potential Foster Care Parent,

Welcome to the application process for becoming a Tribally Licensed Foster Care Parent!

Below you will find helpful information along with a checklist to help get your application completed. Remember, you can always turn in a completed application first, then work towards the required documents after. We are here to help you along the way.

We look forward to having you become a part of the Foster Care Parent family. You will find that caring for our children in need to be a rewarding experience as you will certainly make a difference in their lives.

**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 application, please call our Workforce Department office at 907-852-4411. You can also email our staff at [workforce@nvb-nsn.gov](mailto:workforce@nvb-nsn.gov) or [jadyn.edwardsen@nvb-nsn.gov](mailto:jadyn.edwardsen@nvb-nsn.gov).

Quyanaqpak!

Workforce Development Staff

## APPLICATION CHECKLIST

- Application
- Copy of State ID and/or Driver's License  
(Include one for each household member 16 years and older)
- Criminal Background Check  
(Include one background check for each household member 16 years old and older. Contact your local Police Dept. for info on getting your background check. Submit your receipts to our office for reimbursement. You will need to submit a new background check every 6 months to remain eligible. Contact our office if you have difficulty getting your background check.)
- Fire Inspection  
(Contact your local Fire Department to complete this inspection.)
- Fingerprints  
(Contact your local Police Station to set-up and complete this; fingerprints may be unavailable during COVID in which we can require this later.)
- Standard First Aid & CPR w/AED Certificate  
(This can be completed within 90 days of application date, contact Ilisagvik for course scheduling. If unavailable during COVID, or if you are in a North-slope village, we may be able to extend the due date.)
- Child Support Obligation Documentation  
(If you have any child support obligations in any state, please provide supporting documentation that you are current with payments or in arrears, and whether your wages are being garnished for any reason.)

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**

[workforce@nvb-nsn.gov](mailto:workforce@nvb-nsn.gov)  
[jadyn.edwardsen@nvb-nsn.gov](mailto:jadyn.edwardsen@nvb-nsn.gov)

**Mail**

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

**Fax**

(907) 852-8844

**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, MI:			Last name, First name, MI:		
Aliases, Maiden name:			Aliases, Maiden name:		
Mailing Address:					
Physical Address:					
Work Phone:	Home Phone:	Cell Phone:	Work Phone:	Home Phone:	Cell Phone:
Email Address:			Email Address:		
Tribal Membership: _____ Enrollment #: _____			Tribal Membership: _____ Enrollment #: _____		
Race (check all that apply) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> American Indian Tribe <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____			Race (check all that apply) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> American Indian Tribe <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____		
Primary Language: _____			Primary Language: _____		
Religious Affiliation (optional): _____			Religious Affiliation (optional): _____		
Last Grade Completed: _____			Last Grade Completed: _____		
<input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> College			<input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> College		
Employment Status:			Employment Status:		
<input type="checkbox"/> Employed at: _____			<input type="checkbox"/> Employed at: _____		
<b>Please check any current employment that apply:</b> <input type="checkbox"/> NVB Social Svs. <input type="checkbox"/> NSB CYS <input type="checkbox"/> OCS <input type="checkbox"/> DHSS			<b>Please check any current employment that apply:</b> <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"/> Self Employed (describe): _____		
<input type="checkbox"/> Unemployed: _____			<input type="checkbox"/> Unemployed: _____		

NATIVE VILLAGE OF BARROW  
 IÑUPIAT TRADITIONAL  
 GOVERNMENT

Workforce Development Department  
 Tribal Foster Care License Application

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

Name	DOB	Age	Driver License # & State issued	SSN	Annual Income	Relationship
						<i>self</i>

*\*Add any additional household members to the back of this page\**

Has any household member had any domestic violence convictions, substance abuse problems, or any serious physical or mental health problems that could danger the health, well-being, or safety of any child?

No     Yes

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

Please list 3 un-related persons, 1 related person, and all of whom have known you for 2+ years.

Name & Mailing Address	Phone Number	Relationship
1) _____		
2) _____		
3) _____		
4) _____		

**HOUSEHOLD CERTIFICATION AND SIGNATURE**

I CERTIFY THAT THIS INFORMATION AND ANY INFORMATION GIVEN AT A LATER DATE IS TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

<b>Applicant #1</b>		<b>Applicant #2</b>	
Signature:	Date:	Signature:	Date:
Printed Name:		Printed Name:	

**FOSTER CARE**

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

Sex:  Boy  Girl  Any                      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:     1 – 31 days (First 10 days are paid emergency rate)
- Short-term care:     1-3 months                       3-6 months
- Long-term care:     6-9 months                       9-12 months                       longer than 12 months

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

Maternal     Paternal    Describe relation: \_\_\_\_\_

**ADOPTION**

Are you interested in adopting a child?     Yes                       No

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

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

Would you be willing to adopt 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: _____           |  |

### PLANNING FOR TRIBAL FOSTER CARE

**PARENTING:**

What do you think are some of the most important things parents should do in raising their children and why?

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What do you think parents should avoid doing in raising their children and why?

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How will you ensure that a foster child(ren) is adequately supervised and cared for should you go on a trip?  
Who would you plan to take care of the child(ren) should you travel outside of the area?

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Please tell us something about the people who raised you and what values you've learned from them. Will you use these values in caring for your foster child?

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If you have children, have you talked to them about having a foster child(ren) in your home? What do they say and how do they feel about having other children in the home?

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How do you plan to teach responsibility and accountability to your foster child?

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Describe any community engagements, volunteer work, or community ties you have with Utqiagvik, Alaska:

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## AGREEMENT AND CERTIFICATION

- I certify that I am 18 years of age or older.
- I will allow any employee of the Native Village of Barrow Social Services Department, Tribal Court, or Workforce Department reasonable access to my home and to the child placed in my care.
- I 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/or 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 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/or 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 will provide the NVB Workforce Development Department with a health examination report, if requested, that is signed by my physician, and which will be current within one year of my Tribal Foster Care License Application.
- I agree that no member of my household, including myself, will hit, spank, shake, threaten, physically punish, use any discipline that is frightening to the child, or call the child hurtful names, nor will I use corporal punishment or withholding of family visitation as a disciplinary measure.
- I will gain pre-approval from the NVB Tribal Court, Social Services, and/or Workforce staff for non-emergency medical care. If the child placed in my care needs medical emergent care, I agree to notify NVB Tribal Court, Social Services, and Workforce staff IMMEDIATELY.
- I will follow-up with all services recommended by the NVB Tribal Court, Social Services, and/or Workforce staff for the child(ren) placed in my home.
- I will submit to the NVB Tribal Court periodic reports on the child(ren)'s School Reports, Early Prevention Development Screening Tests, Physical Exams, Medical/Dental/Health Screening Reports, and Immunizations. Upon removal of any child in my care, I agree to relinquish all child records to the tribe.
- I will be always aware of the child(ren)'s location and that I will not leave any child placed in our care unattended, at any time, for any purpose, and that I 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 I will gain pre-approval from the NVB Tribal Court, Social Services, and/or Workforce staff.

*Continued on page 8...*

*Continued from page 7...*

- I will ensure that any childcare provider that cares for my child will submit a signed OCS Authorization for Release of Information Form and a current background check and will continue to provide a background check every 6 months while caring for the child.
- I 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 any people within the child's hearing distance, including infant children.
- I will respect the Inupiat Native culture and heritage of the Native Village of Barrow Tribe and adhere to the Tribe's culture and heritage in all aspects of care of the children, and to allow the children to engage in as many Inupiat cultural activities as possible.
- I will assist NVB Social Services staff in planning visits with the child and his/her parents, Guardian Ad Litem, and family members and allow children reasonable opportunities to communicate with their birth family and the NVB Social Services, Tribal Court, or Workforce staff.
- I will provide any child placed in my care well-balanced daily meals, or if the child requires special dietary needs, that I will provide them accordingly.
- I will notify the NVB Tribal Court, Social Services, and/or Workforce staff IMMEDIATELY if there are any changes in my address, phone number, household members, physical or mental health, or any household criminal status, and that I will submit a background check every 6 months while licensed.
- I will use any Foster Care Payments paid to me exclusively to meet the child(ren)'s needs, including but not limited to food, clothing, recreation, and allowance and I will **not at any time ever**, use the Foster Care Payments to pay for tobacco, alcohol, illegal drugs, and weapons.
- I will provide the child appropriate seasonal clothing that is appropriate in size.
- Each floor level in my home has at least one (1) unblocked exit and one (1) smoke detector.
- There are at least two (2) means of exiting the home in the event of an emergency.
- 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.
- Each child's room has heat, light, and ventilation which is safe and comfortable for the child.
- My home indoor and outdoor play areas are free from any safety hazards.
- Toys and objects (including highchairs) are safe, durable, non-toxic, and easy to clean.
- Pets in our home are current with rabies and other shots, and pets are tolerant of children.

*Continued on page 9...*

*Continued from page 8...*

- Combustible and flammable materials are stored safely away from water heaters, furnaces, stoves, and ovens.
- 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.)
- I agree to keep our home free of drugs, substance abuse, and violence.
- I will have created a Fire Escape Plan and will provide it to NVB Workforce with the Foster Care Application.
- I will give the NVB Social Services Family Advocate at least 30 days written notice if I wish to terminate my foster care responsibilities and return the child to the tribe, unless there are unforeseen emergencies that arise.
- I understand that should any actions by anyone in the home violate this agreement, that the child(ren) placed in my care will be removed.

THROUGH THE COMPLETION AND SUBMISSION OF THIS APPLICATION, I REQUEST APPROVAL TO BECOME AN NVB LICENSED FOSTER CARE PROVIDER. I HAVE READ AND AGREE TO THE TRIBAL FOSTER CARE LICENSE APPLICATION AGREEMENT AND CERTIFICATION FORM, AND THAT ANY INFORMATION THAT I HAVE PROVIDED IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.			
<b>Applicant #1</b>		<b>Applicant #2</b>	
Signature:	Date:	Signature:	Date:
Printed Name:		Printed Name:	

<b>** FOR OFFICE USE ONLY **</b>	
Application received on:	
Application received by:	
Application approved on:	
Application approved by:	
License Dates:	

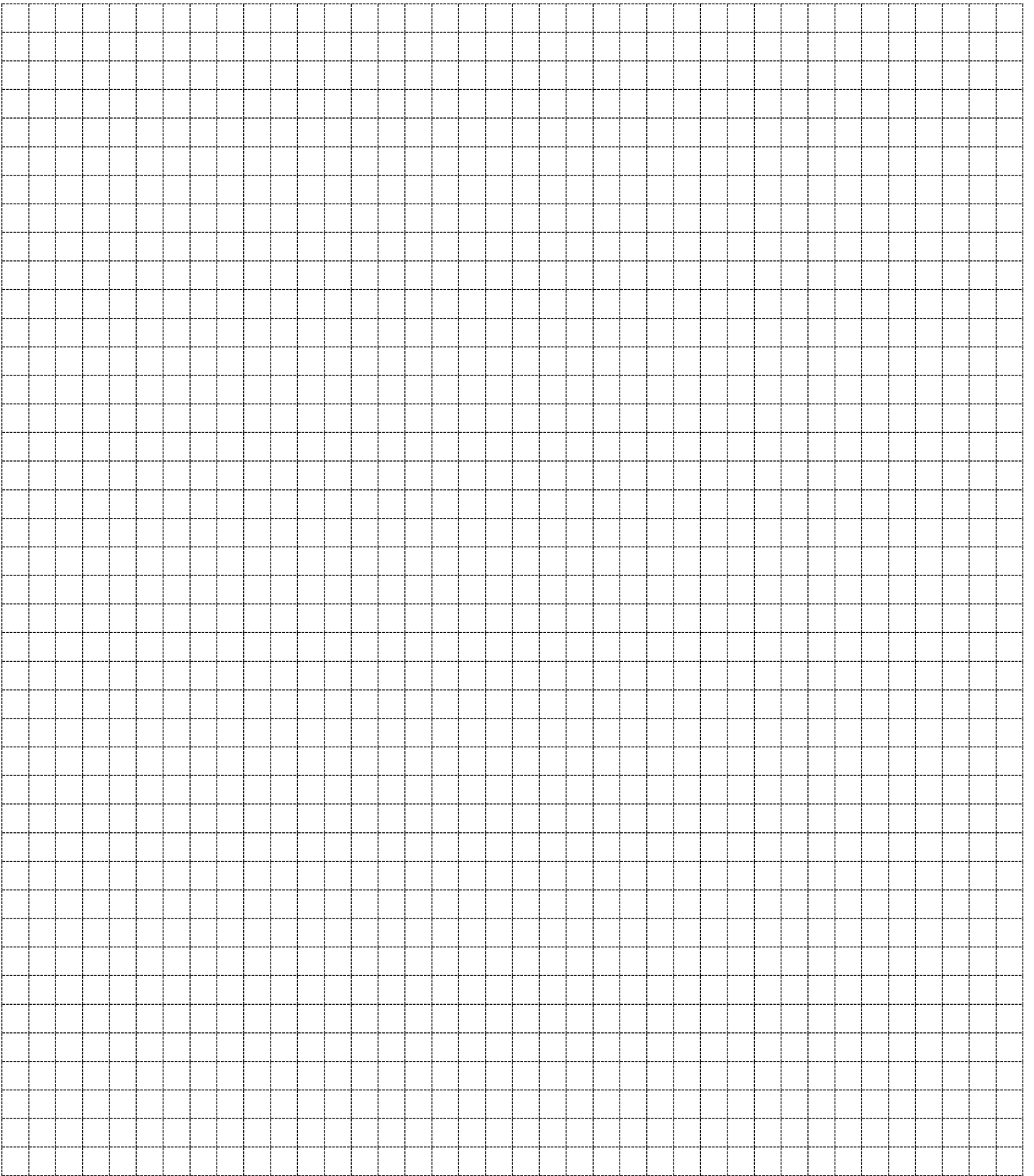
## **FIRE ESCAPE PLAN:**

**Plan ahead to save your family.** If a fire starts, smoke and heat can kill you or a family member; planning an escape in advance can help your chances of surviving. A good Fire Escape Plan requires the following:

- A smoke detector on each level of your home.
- A fire extinguisher on each level of your home.
- Have an established escape route (and alternate escape route) marked on your floor plan and practicing the route with everyone to help remember it. You should do this at least once a month and at different times of the day to build confidence in case of a real house fire.
- An established place outside your home that your family can meet in the event of a fire emergency.
- Have a plan in place for everyone to exit the home within 150 seconds (2 minutes 30 seconds). Sleeping with bedroom doors closed can hold back deadly smoke in the event of a house fire.
- Test smoke alarms once a month. Show everyone the Fire Alarm sounds.
- Teach everyone in the home to test a doorknob first, and to open cautiously if it is cool to the touch. If it is hot, show them the alternate escape route.
- Crawl low under smoke.
- STOP, DROP & ROLL if clothes catch on fire.
- Once you get to your meeting place, do a head count to make sure each family member is safe.
- Call the Fire Department from a neighbor's home.
- Never, never, never go back into your home if it is on fire. Notify any Fire Fighters if any of your family members may still be in the house.

## **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.



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

**SOA-OCS AUTHORIZATION FOR RELEASE OF INFORMATION**

Each household member aged 16 years old and older need to complete this form.

I, \_\_\_\_\_, hereby authorize the Office of Children’s Services to release the following items to the Native Village of Barrow Workforce Development Department, PO Box 1130, Barrow, Alaska 99723, or if necessary to be faxed to (907) 852-8844 or emailed to [workforce@nvb-nsn.gov](mailto:workforce@nvb-nsn.gov) and/or [jadyn.edwardsen@nvb-nsn.gov](mailto:jadyn.edwardsen@nvb-nsn.gov):

- 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 any of the following:

- 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



### CLEARANCE FOR PLACEMENT

Each household member aged 16 years old and older need to complete this form.

Full Name ( <i>Last, First, Middle</i> ):			
Aliases, Maiden Name, Previous Married Name, Native Names:			
Mailing Address:			
Physical Address:			
DOB:	Gender:	SSN:	Driver's License No. & State
Have you been previously licensed to care for children? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate the city, state, licensure dates, and type of care provided: _____			
Have you ever had a license to care for children revoked or denied in Alaska or any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach a detailed explanation.			
Have you ever been investigated for child abuse or child neglect? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach a detailed explanation.			
Do you have a physical health, mental health, or behavioral problem that might pose a risk to the health, safety, or well-being of any child? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach a detailed summary.			
Do you have a domestic violence problem, substance abuse problem, or alcohol problem that might pose a risk to the health, safety, or well-being of any child? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach a detailed explanation.			
Have you been convicted of, or charged with a crime involving an imitation or controlled substance, violence, sexual assault, molestation, exploitation, arson, prostitution, or crimes against persons? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach a detailed explanation.			

I authorize the Native Village of Barrow Tribal Courts, Social Services, and Workforce Department to review my criminal justice, protective service, and licensing records and to share this information with the applicant / licensee. I certify the contents of this form and information provided with it are true, accurate and complete.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**