



## License Application Foster Care Home

I/We, \_\_\_\_\_, hereby apply for a Foster Care Home License for my/our home,

located at \_\_\_\_\_  

Street address
City
State
Zip Code

Please list Names, Birthdates, Relationship to applicant, and all other information for all members of the household. (Including members 18 and older, and all children living in the household)

Name	Birth Date	Social Security #	Tribal Affiliation	Relationship to Applicant

In making this application, I/We state that:

1. I/We have read and understand the regulations governing foster care homes as issued by the Winnebago Tribe of Nebraska, under Nebraska Law and will comply with them.
2. I am/We are aware that an investigation will be made of my/our character and place of business to determine if I/We meet the applicable regulations and that failure to cooperate may constitute the basis for denial of a license.
3. I/We give the Winnebago Tribe of Nebraska permission to contact those individuals I/We give as references.
4. I/We give the Winnebago Tribe of Nebraska permission to contact law enforcement personnel about my/our character and background as it affects my/our provision of child care.
5. I/We understand that if licensed I/we must continue to comply with applicable regulations and that failure to do so may be the basis for revocation of the license.
6. I/We understand that any complaints about my/our foster home will be investigated by a representative of the Child and family Services.
7. I/We give the State Fire Marshall's Office and the Department of Health and Human Services permission to make inspections of my/our home as necessary to determine my/our compliance with applicable regulations.
8. I/We understand that the Child and Family Services licensing staff May take photographs of the areas in my/our home in which foster care is provided.
9. I/We understand that a license is effective only for the address stated on the license, that all licenses must be renewed every 2 years under the same terms and conditions of the original license, and that to operate without a license constitutes a misdemeanor offense under Nebraska Law.
10. I am/we are aware that a license does not guarantee the placement of children in my/our home by public or private agencies.

**I/We certify that any information I/We give is and will be, to the best my/our knowledge, true and correct and that the provision of any false information or the failure to properly provide requested information in this application will be sufficient reason for denial of my/our application or revocation of my/our foster care license.**

<b>Applicants Legal Signature:</b>	<b>Date:</b>
<b>Applicants Legal Signature:</b>	<b>Date:</b>

Please list the following for each adult 18 and older in the household.

Name	Driver's License #	Car insurance Info	Past Addresses (10 Years)

WINNEBAGO TRIBE of NEBRASKA

Please use a separate sheet of paper if needed, and attach.

List all Phone numbers for each Adult in the household:

Name of person: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Name of person: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home number: \_\_\_\_\_

Name of person: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home: \_\_\_\_\_

Name of person: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

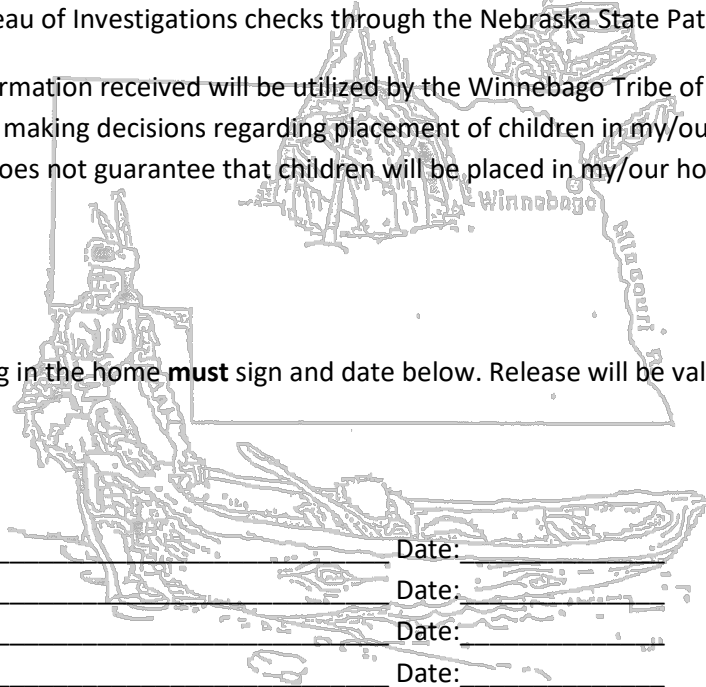
Home: \_\_\_\_\_

Winnebago Tribe of Nebraska's regulations and/or State statute require that certain checks be done for persons applying to be licensed or approved as foster parents and for certain other persons who reside in their home. Please read thoroughly. All adults 18 and older must sign.

I/We as prospective foster parents, understand the need for and give permission to Winnebago Child and Family Services and/or Licensing staff and/or contractor to contact law enforcement personnel about my/our character and background; including, but not limited to, the Nebraska Sex Registry, Sexual Offender Registries in any other jurisdictions, and criminal background checks; as well as with the Department of Motor Vehicles on any adults residing in the home 18 years or older. I/We also give Winnebago Child and Family Services and/or Licensing staff and/or contractor permission to conduct a check of the Adult Protective Services Registry and the Child Protective Services Register on myself/us and any minor children in our home 13 years of age or older. I/We understand this information will be used in the context of licensure or approval of a foster home, or completion of a home study for placement of a child who is a ward of the Winnebago Tribe of Nebraska or another state. I/We also give permission to contact the counterparts of Child and Family Services, Law Enforcement and Department of Motor Vehicles in other cities and states I/We have resided. Finally, my/our signature (s) will also allow for Federal Bureau of Investigations checks through the Nebraska State Patrol.

I/We understand that the information received will be utilized by the Winnebago Tribe of Nebraska, and Child and Family Services and/or contractors in making decisions regarding placement of children in my/our home. I/We also understand that completion of this form does not guarantee that children will be placed in my/our home.

All Adults 18 and older residing in the home **must** sign and date below. Release will be valid for two years after date of signature.



1. Signature \_\_\_\_\_ Date: \_\_\_\_\_
2. Signature \_\_\_\_\_ Date: \_\_\_\_\_
3. Signature \_\_\_\_\_ Date: \_\_\_\_\_
4. Signature \_\_\_\_\_ Date: \_\_\_\_\_
5. Signature \_\_\_\_\_ Date: \_\_\_\_\_

### References

I/We authorize and request each reference listed to answer and all questions that may be asked and hold such persons harmless for giving any and all information within their knowledge or records.

Please list five references who know you and your family life. You may submit two relative references, but all others should be non-relative.

1. Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
Street City State Zip Code

Phone number: \_\_\_\_\_  
(Cell) (Home)

2. Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
Street City State Zip Code

Phone number: \_\_\_\_\_  
(Cell) (Home)

3. Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
Street City State Zip Code

Phone number: \_\_\_\_\_  
(Cell) (Home)

4. Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
Street City State Zip Code

Phone number: \_\_\_\_\_  
(Cell) (Home)

5. Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
Street City State Zip Code

Phone number: \_\_\_\_\_  
(Cell) (Home)

I/We understand that the information received will be utilized by the Winnebago Tribe of Nebraska and Their Child and Family services Program in making decisions regarding placement of children in my/our home. I/We also understand that completion of this form does not guarantee that children will be placed in my/our home.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Reference Information

(Please give this page and the next two pages to three references to fill out. They must all be returned to consider your application complete.)

**Note to references:** Please complete the enclosed questionnaire as thoroughly as possible regarding each applicant listed below. When you are finished, please mail or bring in the completed forms back to: Child and Family Services, P.O Box 723, Winnebago, NE 68071. Please be aware that every effort will be made to ensure that your answers are kept confidential.

Name of Applicant(s): \_\_\_\_\_

How long have you known the applicants: \_\_\_\_\_

How are you acquainted with the applicant(s): \_\_\_\_\_

\_\_\_\_\_

## WINNEBAGO TRIBE of NEBRASKA

If you have seen this person(s) interact with children, what were your general impressions?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have observed the applicant(s) discipline children, what were your impressions of how the children were disciplined?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicable, Please describe the couple's relationship and interaction. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please List three strengths and weaknesses of each applicant.

Name: \_\_\_\_\_

Strengths and Weaknesses: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Strengths and Weaknesses:

\_\_\_\_\_

\_\_\_\_\_

**If you have seen the applicant(s) deal with the following situations, what did you observe?**

Separation or Loss: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anger: \_\_\_\_\_

---

---

---

Crisis Situations: \_\_\_\_\_

---

---

---

Stress: \_\_\_\_\_

---

---

---

To the best of your knowledge, has the applicant(s) ever been convicted of a crime involving alcohol use, a crime involving the illegal use of drugs or a crime that would impact his/her ability to care for children? \_\_\_\_\_

If your answer is yes, where and when did this happen?

---

---

---

Is there any reason that you might hesitate to provide recommendation for the person(s), please explain why?

---

---

---

---

---

---

---

**Please use the following space to provide any other information that you feel is important:**

---

---

---

---

---

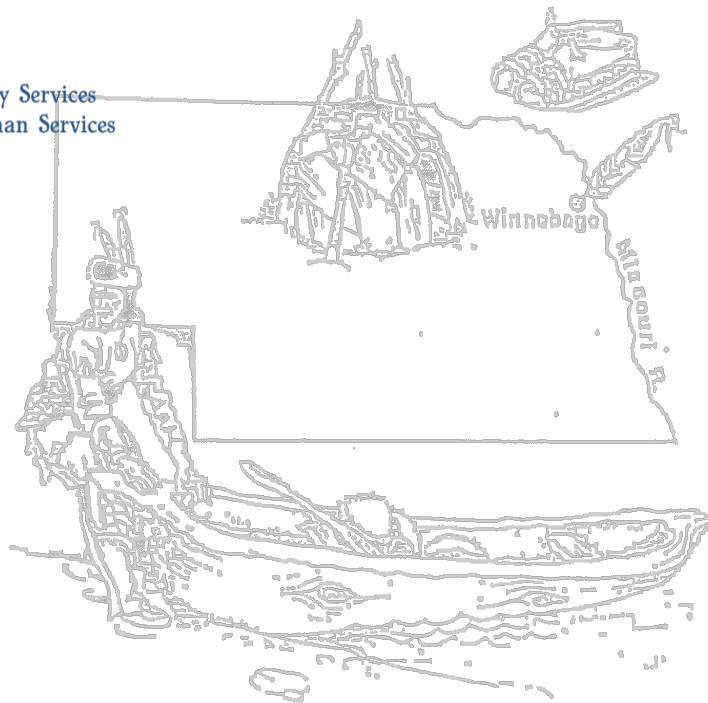
---

---

Please be sure to sign and date your reply before returning to us. Thank you for your assistance.

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

# WINNEBAGO TRIBE of NEBRASKA



## Health Information Report

Part A			
Individual Information			
Name:		Birth Date:	
Physical Address:	City:	Telephone:	
Name and Address of Facility for whom you work for ( if other than your home)			
Name of Facility:		Street Address:	
City:	State:	Zip code:	
INDIVIDUAL HEALTH HISTORY			
List of medications you are taking:			

<b>Are you being treated for/or have ever been treated for: (Please circle yes or no for each question.)</b>	
Drug Addiction? Yes or No	Alcoholism? Yes or No      Mental Illness? Yes or No
Please list the names of your physician, mental health practitioner, or drug and alcohol counselor. You are giving Child and Family Services permission to contact the people listed below. All information will be kept confidential.	
1. Drs Name: _____ (name, address, city, State, Zip and Phone number)	
2. Drs Name: _____ (name, address, city, State, Zip and Phone number)	
3. Drs Name: _____ (name, address, city, State, Zip and Phone number)	
<b>Signature of Individual</b>	<b>Date</b>
<b>Part B – Health Examination</b> <b>This Section is to be completed by a medical practitioner</b>	
<b>Blood Pressure</b> _____	<b>Urinalysis: Albumin</b> _____ <b>Sugar</b> _____
Is Individual under treatment for hypertension? Yes or No (please circle one)	Does individual have a communicable disease? Yes or No (Please circle one)
<b>Note to Physician:</b> This person will be caring for children. If individual is on medication, has a blood pressure higher than 160/95, or the above tests read positive or "YES" will this affect the individual's ability to care for children? Yes or no (please circle one)	
Additional Comments:	
Must be signed by a Physician, Physician's Assistant, ARNP, or RN	Date:



## **Confidentiality Agreement**

I/We \_\_\_\_\_, am/are a licensed or approved foster parent(s) with the Winnebago Tribe of Nebraska. I/We understand that I am/we are expected to perform the tasks and assume responsibilities as outlined in the REGULATIONS COMPLIANCE REVIEW FOSTER HOME LICENSING or the approval process. This includes but is not limited to CONFIDENTIALITY.

**CONFIDENTIALITY:** I/We hereby acknowledge that, as a foster parent, I/We understand that all information to which I/We have access relating to specific cases, including but not limited to the identities of recipients or applicants for assistance, amounts and types of payments, and social background information pertaining to specific individuals or families, is to be held in the strictest confidence and may not be released by me/us for any purpose not specifically



authorized by the Winnebago Tribe Of Nebraska. I/We also understand that even after my/our foster care services with the Tribe ends I am/we are to maintain confidentiality of this information. I/We further understand that any such breach of confidentiality by me/us is a violation of the law. Any person who knowingly releases confidential CPS record information in a manner that as authorized by statute shall be guilty of a Class III misdemeanor.

Additional Terms: This assures children and families that their right of privacy will be respected. Any time there is confusion about releasing information, the foster parent will contact the caseworker for clarification. I/ we understand and agree to comply with this regulation.

X \_\_\_\_\_  
Signature of Foster Parent Date

X \_\_\_\_\_  
Signature of Foster Parent Date

X \_\_\_\_\_  
Signature of Child & Family Services Rep. Date



## Discipline Policy Agreement

Many Children come into foster care because they have suffered physical abuse and severe punishment. It is vital that foster parents use positive discipline and guidance to help the child develop acceptable behavior.

- Foster Parent(s) shall train and discipline children with kindness and understanding
- Foster Parent(s) shall set clear expectations, limits, and consequences for behavior.
- Foster Parent(s) shall teach and train each child with techniques that stress praises and encouragement.
- If a time-out separation from others is used as a consequence for behavior, foster parent(s) shall provide it in an unlocked, lighted, well – ventilated room within hearing distance of an adult. This time limit shall take into consideration the child’s age emotional development. Time-out is to be used for short duration to allow the child to regain self-control.

Foster Parent(s) will provide positive discipline and guidance but shall not punish foster children. Punishments include but are limited to:

- Yelling, Screaming, or threats of physical punishment.
- Physical force or threat of physical force inflicted in any manner upon the child including- spanking, slapping, pinching, shaking, biting, striking with inanimate objects, washing mouth out with soap, hot sauce, rough handling, etc.

- Verbal abuse, including derogatory or racial remarks about the child or his or her family, which undermines a child’s self- respect.
- Denial of necessities (food, clothing, shelter, bathroom privileges, etc.)
- Denial of visits, telephone, or mail contact with family members.
- Assignments of extremely strenuous exercise or work.
- Use or threatened use of chemical and/or mechanical restraining devices.
- Punishment for bed-wetting, punishment for related to toilet training
- Delegating or permitting punishment of a child by another child
- Threat of removal from foster home as punishment
- Use of a cold shower as punishment.

No foster child or other child in a foster home shall be subjected to physical abuse, sexual abuse, sexual exploitation, neglect, emotional abuse, mental injury, or threats of harm.

**By signing, I agree to adhere to the above rules regarding discipline of foster children.**

X	_____	_____
	Signature of Foster Parent	Date
X	_____	_____
	Signature of Foster Parent	Date
X	_____	_____
	Signature of other adult in home	Date



## Nutrition and Food Service Requirements

The licensee shall ensure that:

1. Food provided meets each child’s daily nutritional needs;
2. All food storage and food storage areas are clean, dry and free of insects and rodents;
3. Food preparation, eating and drinking utensils are cleaned after each use; and
4. Any refrigerator used for storage of perishable food is clean and in good repair.

\*\*\*\* Please prepare a sample menu including all three meals and snacks\*\*\*\*

### SAMPLE MENU

#### BREAKFAST:

SNACK:

LUNCH:

SNACK:

SUPPER:

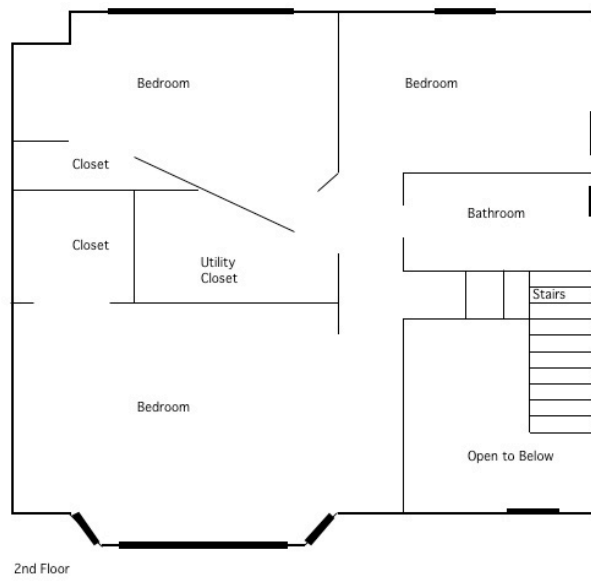
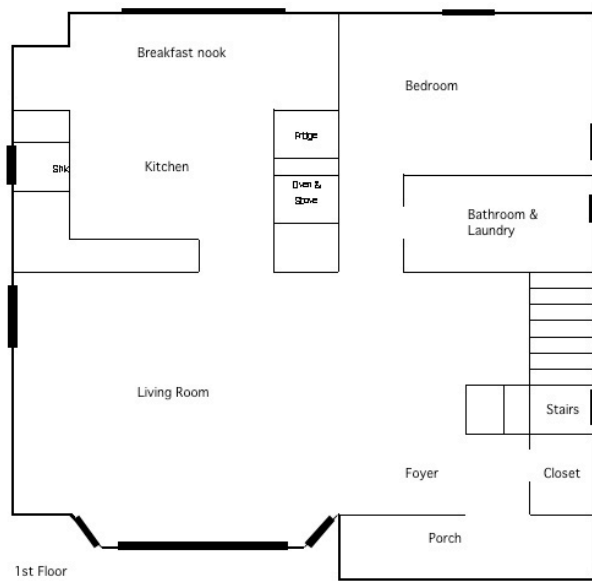
SNACK:



## FLOOR PLAN

A floor diagram is necessary for each Day Care Home and Foster Family Home. Please follow the example below. **Draw a diagram of each floor, a living and sleeping are must be included.**

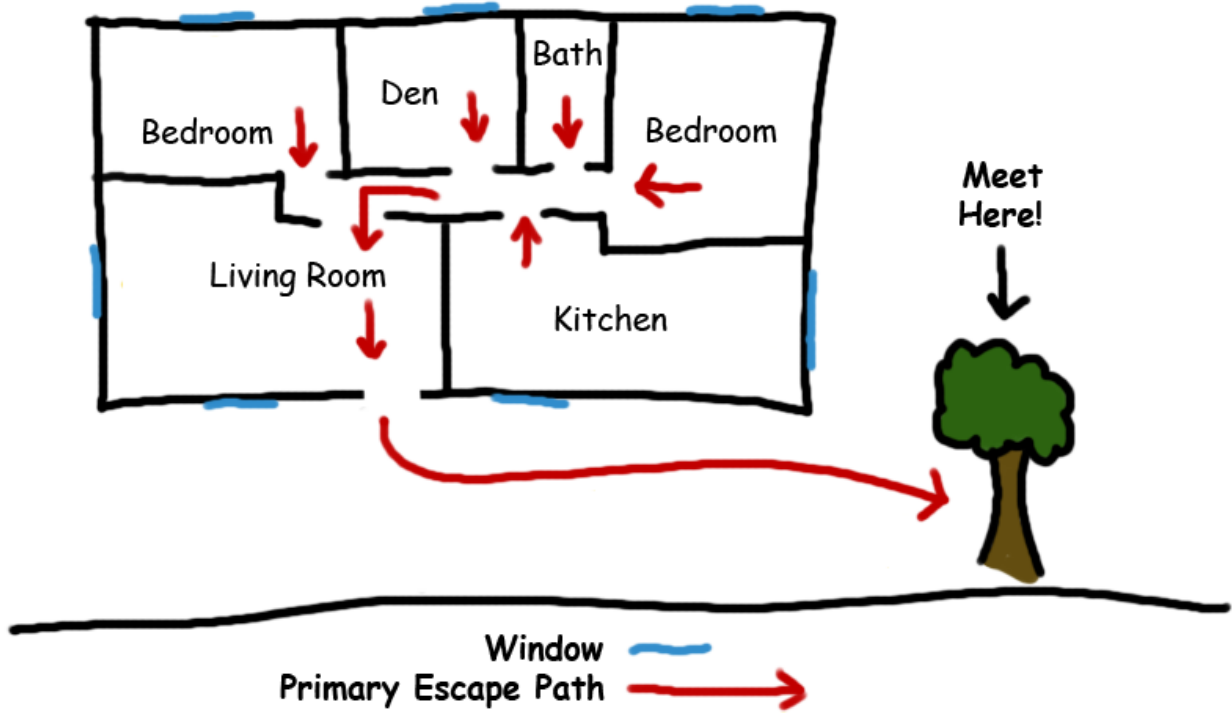
It is important that you include the approximate measurements as well as location of each room, door, window, stairs and exits.



## HOME EXIT PLANNER

EVERY FAMILY SHOULD HAVE A FIRE EXIT FLOOR PLAN

- Use this grid to map out the floor plan of your home. Label each room. Make copies of the grid for each floor of your home.
- Draw arrows to indicate exits from each room. (Windows or outside doors)
- Walk through the planned escape routes with your family. Make sure the routes are short and direct.
- Designate a place outside the home for everyone to meet.
- Practice your exit drill several times a year.  
(This sample is to assist you in making your plan.)



I am in the process of taking the steps necessary to become a licensed foster care parent and per Winnebago Tribal Code, it is necessary that I get a Tuberculosis test. By signing below, I agree to the test and will return this form to Child & Family Services at #1 Mission Road, Winnebago, Nebraska, 68071.

---

Signature of Foster Parent

---

Date

**Needs to be completed by your healthcare provider.**

Date of TB test: \_\_\_\_\_

Facility of TB test: \_\_\_\_\_

Given by: \_\_\_\_\_ (please print)

Result: \_\_\_\_\_

Read by: \_\_\_\_\_

Date read: \_\_\_\_\_

Comments: \_\_\_\_\_