

# *Foster Home Application Packet*

## **Application Process**

### **Application**

### **Questionnaire**

### **Health Report**

### **Employment Form(s)**

### **Reference Letter(s)**

### **Criminal Background Checks**

Please fill out all forms neatly answering all questions openly and honestly. Should you need additional space, use another sheet of paper. Take care in fully answering the questionnaire. The health report should be completed and signed after your physician has examined you including a TB test. Fill out the top portion of the employment history form, giving the form to your employer(s) to complete and return to DYS. The reference letter form should be given out respectively and return to DYS by the reference. You will be responsible to get a criminal check from the CNMI police and include it with your application. Fingerprinting and FBI checks will be arranged after we receive your application. Should you have any questions or problems concerning this application process or need more forms, please contact us at 670-237-1012.

*Division of Youth Services  
Commonwealth of the Northern Mariana Islands  
Child Protective Services  
P.O. Box 501000CK  
Saipan, MP 96950*

**Exhibit 1**

## *Foster Care Application Process*

This process may appear long, tedious, and personal and in some ways it is. The purpose of this process is to 1) protect the children from potentially dangerous foster homes 2) weed out those who choose to provide care for the wrong reasons 3) have enough information to place the right child in the right home 4) know applicant(s) commitment to foster care. Our priority is for the safety of the child; we feel that applicants that are sincere and dedicated will have no problem with the process. This process should be simplified and explained by the caseworker to help you along the way. Should you have any questions or concerns, feel free to contact the foster care coordinator at DYS (237-1012). Thank you for your interest in becoming a foster parent.

### Application:

1. Application Form
2. Questionnaire

### Medical:

1. TB skin test – chest x-ray if needed (all household members)
2. General health status
3. Health Report

### Interviews:

1. Home Study/visit – family profile
2. Individual interviews
3. Reference(s) & employment confirmed

### Criminal Background:

1. Fingerprints – FBI & Nat. registry of child abuse checks (all adults)
2. CNMI Police check

### Evaluation & Decision:

1. Acceptance by DYS (or) Denied by DYS
  - a. If denied, explanation will be given and instructions on how to remedy a concern and reapply for foster care.
2. Notification of decision to Applicant

### Training/ Certification:

1. Basic foster parenting training
2. Contract for foster care
3. Certification / license
4. Placement on eligible /ready list
5. Monthly training/ support mtgs.

# FOSTER HOME APPLICATION

Applicant(s): \_\_\_\_\_ HM phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Village: \_\_\_\_\_

Marital Status: Single: \_\_\_\_\_ Divorce: \_\_\_\_\_ Widow(er): \_\_\_\_\_  
Married: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

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## 1. Head of Household

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Place: \_\_\_\_\_  
Last, First Middle

Education: \_\_\_\_\_ Years of \_\_\_\_\_ Degree Awarded: \_\_\_\_\_  
(Circle last grade 7 8 9 10 11 12 College Completed 1 2 3 4 5 6  
Completed)  
Last School \_\_\_\_\_

Attended: \_\_\_\_\_ Location: \_\_\_\_\_

## Employment:

Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary per Month: \_\_\_\_\_ Insurance: Health  Life:  None:  Date of Hire: \_\_\_\_\_

Work History (List all jobs held over last five (5) years):	Date Employed:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

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## 2. Co-Applicant

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Place: \_\_\_\_\_  
Last, First Middle

Education: \_\_\_\_\_ Years of \_\_\_\_\_ Degree Awarded: \_\_\_\_\_  
(Circle last grade 7 8 9 10 11 12 College Completed 1 2 3 4 5 6  
Completed)  
Last School \_\_\_\_\_

Attended: \_\_\_\_\_ Location: \_\_\_\_\_

**Employment:**

Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary per Month: \_\_\_\_\_ Insurance: Health  Life:  None:  Date of Hire: \_\_\_\_\_

Work History (List all jobs held over last five (5) years):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Date Employed:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**3. Household Info:**

**Children ( in and out of household)**

	Name:	DOB:	Sex:	Relationship:	School/work	In or out of household
1						
2						
3						
4						
5						
6						
7						

All Adults in Household (including self of lines 1-2)

	Name:	DOB:	Sex:	Relationship:	Occupation	Income:
1						
2						
3						
4						
5						
6						

**4. Home**

Monthly payment: \_\_\_\_\_ Own: [ ] Rent: [ ] Other: \_\_\_\_\_

Type: (Describe ie; wood, concrete tin, semi.) \_\_\_\_\_

Size: (Sq. footage) \_\_\_\_\_ No. of bedrooms: \_\_\_\_\_ No. of bathrooms: \_\_\_\_\_

Availability of: Running water: \_\_\_\_\_ Electricity: \_\_\_\_\_

**5. Personal Reference:**

List three (3) individuals, not related to you, who can attest to your character and circumstances

	Name, mailing address & phone #	Occupation	Yrs. Known
1			
2			
3			

**6. Preference of Foster Child:**

Age: \_\_\_ to \_\_\_

Sex: Male [ ] Female [ ] no preference [ ]

Ethnicities willing to accept: (In reference to race, color, ethnic origin, citizenship. Please indicate.)

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Chamorro               | <input type="checkbox"/> African American | <input type="checkbox"/> Asian      |
| <input type="checkbox"/> Caucasian              | <input type="checkbox"/> Filipino         | <input type="checkbox"/> Carolinian |
| <input type="checkbox"/> FSM (specific)         | <input type="checkbox"/> ROP              | <input type="checkbox"/> ROM        |
| <input type="checkbox"/> Other (specific) _____ |   |                                     |

Children with Disability: Yes [ ] No [ ] comments: \_\_\_\_\_

If yes: Physical:  Minor:  Moderate:  Sever:   
 Mental:  Minor  Moderate  Sever

**7. Ethnicity:**

Declaration of your ethnicity is voluntary according to federal Law, any information you provide will be used for statistical purpose only. It will not be used for or against you in determining your suitability as a foster parent.

- | <u>Head of Household</u>  | <u>Co-Applicant</u>   |
|---|---|
| <input type="checkbox"/> African American <input type="checkbox"/> Filipino | <input type="checkbox"/> African American <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian           | <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian           |
| <input type="checkbox"/> Chamorro <input type="checkbox"/> Carolinian       | <input type="checkbox"/> Chamorro <input type="checkbox"/> Carolinian       |
| <input type="checkbox"/> Other (specific) _____                             | <input type="checkbox"/> Other (specific) _____                             |

**8. Criminal Background**

**Please provide information excluding minor traffic violation. Failure to provide all information may result in termination of application. An arrest record does not necessary mean that you are unsuitable as a foster care provider.**

**Head of Household**

**Have you ever been arrested before? Yes [ ] No [ ] If yes, were you convicted? Yes [ ] No [ ]  
If yes, please describe.**

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**Co-Applicant**

**Have you ever been arrested before? Yes [ ] No [ ] If yes, were you convicted? Yes [ ] No [ ]  
If yes, please describe**

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**Statement of Truth/Acknowledgment**

The information provided by us is truthful to the best of our knowledge. We understand that providing false information is ground for termination of this application. We also understand that a complete Foster Care Questionnaire must be turned in with this application. Application without completed questionnaire will not be considered. Furthermore; we acknowledge that a home study, a FBI check, & health clearance is necessary before consideration will be given to any application and that costs, where applicable, will be borne by the applicant. We give DYS permission to check all information regarding our background in to suitability as a foster care provider.

<b>Head of Household</b>	<b>Date</b>	<b>Co-Applicant</b>	<b>Date</b>
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////////////////////////////////////  
 For Division of Youth Services use only:

- |                     |  |  |
|---------------------|--|--|
| 1. Application      |  |  |
| 2. Questionnaire    |  |  |
| 3. FBI Check        |  |  |
| 4. Health Clearance |  |  |
| 5. References       |  |  |
| 6. Interview(s)     |  |  |
| 7. Home Study       |  |  |

Applicant Approved? Yes  No  (specify) \_\_\_\_\_

Date of approval: \_\_\_\_\_

Applicant Notified: Yes  No

<b>Foster Care Coordinator</b>	<b>Date</b>
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**Division of Youth Services  
Child Protective Services  
P.O. Box 501000CK  
Saipan MP, 96950**

**HEALTH REPORT OF FOSTER HOME PROGRAM APPLICANTS FOR**

**NAME:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**HEART:** \_\_\_\_\_

**LUNGS:** \_\_\_\_\_

**CHEST X-RAY or TB SKIN TEST** \_\_\_\_\_

**URINE:** \_\_\_\_\_

**BLOOD PRESSURE:** \_\_\_\_\_

**ABNORMAL FINDINGS:** \_\_\_\_\_

\_\_\_\_\_

**Does this patient have a history of venereal disease?** \_\_\_\_\_

**Is this patient suffering from any chronic disease detrimental to caring for a child in foster home placement?** \_\_\_\_\_

**Is there any history of mental illness in patient or patient's family?** \_\_\_\_\_

**Has the patient ever receives psychiatric counseling?** \_\_\_\_\_

**Do you consider this patient in view of your findings mentally and physically competent to undertake the care of a foster child?** \_\_\_\_\_

\_\_\_\_\_

**Remarks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

**\*\*Current TB skin test are also required**

**\*\*This form needs to be completed prior to a youth placement at your home**



REFERENCE LETTER

Applicant's name: \_\_\_\_\_

1. How long have you known the applicant(s)? \_\_\_\_\_

In what capacity have you know them? \_\_\_\_\_

2. Describe how the applicant(s) interacts with youth? \_\_\_\_\_

3. Describe how the applicant(s) solve interpersonal problems: \_\_\_\_\_

4. Do you feel comfortable recommending these applicant(s) to care for youth in their home? \_\_\_\_\_. If not, why not? \_\_\_\_\_

5. Do you have any reservations/concern about the applicant(s) becoming a Foster Home Parent at this time? \_\_\_\_\_

What are your concerns? \_\_\_\_\_

6. What do you feel are some of the applicant(s) qualifications to provide the type of care indicated? \_\_\_\_\_

Any weaknesses? \_\_\_\_\_



**Division of Youth Services  
Child Protective Services  
Foster Care Program**

**EMPLOYMENT HISTORY INFORMATION**

I, \_\_\_\_\_, hereby give permission to \_\_\_\_\_ to furnish information about me, my work record and reputation to the Division of Youth Services, Child Protective Services.

This information is to be used in determining my qualifications and fitness to be a licensed as a Foster Parent for the CNMI.

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

\*\*\*\*\*

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete the following questions and return within two weeks of date of receipt of this form. Return completed form to:

Division of Youth Services  
Child Protective Services  
Foster Care Program Coordinator  
P.O. Box 501000 CK  
Saipan MP, 96950

1. Has \_\_\_\_\_ worked at your organization?  
(Name)

Yes | | No | | if yes, please indicate dates and position held

\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever observed or known the employee to be violent, abusive or unsafe?

Yes  No  if yes, describe the incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you known the employee to use any unlawful drugs or narcotic? Yes  No

If yes, describe the incident and how often it occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Have you known the employee to be unable to perform assigned duties, take time off from work due to alcohol consumption or manifest any other alcohol related problem?

Yes  No  if yes, describe the incident and how often it occurred? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. To your knowledge has the employee or former employee ever violated any of your organization's major rules or policies? Yes  No  if yes, describe the incident

\_\_\_\_\_  
\_\_\_\_\_

6. If your agency or organization engages in child care, please provide your evaluation of the individual's performance and suitability as a caretaker.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Position Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_

## **Foster Care Questionnaire**

The following questions are to be answered individually by each applicant (head of household & co-applicant) written in the words of the applicant. This part of the application process is important so that suitability for each child to foster home can be considered. Please type or print your response to speed up the evaluation process.

### **Personal Relationships**

1. What is your motivation and interest in wanting to foster and care for a child?
2. Describe your relationship with your spouse, children, and roommates.
3. Describe your relationship with extended family, friends & neighbors
4. Describe how a foster child will affect you & other family members

### **Personal Legal History**

1. Legal history: Current marital or relationship status, any previous marriages, divorces, reason for separation, dates. US citizenship, and if not citizen, legal status.
2. Your current legal name, other names used, explain use of other names, maiden name

### **Family background**

1. Information on parents and siblings, (including health & mental history) self-assessment of your childhood, childhood experiences, environment, housing, nurturing, & lifestyles
2. Methods of discipline used in family, family attitudes and beliefs
3. Education background, religious background & current preferences, cultural background, current position in life

### **Emotional Environment**

1. Affiliations with church, clubs, organizations, etc.
2. Describe your hobbies, activities etc.
3. Lifestyle (stable, chaotic, stressful)
4. How do you cope with stress, resolve conflict
5. How often do you feel depressed, lonely, hopeless, etc. What triggers these feelings and how do you cope with them. Describe any significant change in emotional status since childhood
6. Describe your general disposition, ie. Happy, energetic, depressed, serious, playful, etc.
7. Describe how you show and receive affection for/from self, family, friends, strangers,

**Family Composition**

1. Personality of each family member, include all children, adults, and pets that live in home or are frequent visitors to home. Relationship of each applicant.  
Assess physical, mental emotional status of all member

**Parenting Views**

1. Attitudes and methods regarding parenting, including discipline
2. Your beliefs and education concerning child development and care
3. Describe your experiences and education in parenting
4. Describe your view on responsibility and accountability
5. Attitude regarding foster child's natural parents/family, parental visits (frequency, in your home elsewhere)
6. Attitude towards children with special needs

**Employment Background**

1. Describe current employment situation, occupation, stability, how you feel about your current job.
2. Describe any major employment changes in your background
3. What is your attitude concerning work/employment

**Medical History**

1. Health status: include history of mental illness, drug or alcohol abuse, victim or perpetrator of sexual or physical child abuse, domestic violence, (even if there was no conviction)
2. Any health problems, communicable diseases, hospitalization, any health concerns
3. Use of alcohol or drugs (include tobacco products, cigarettes, cigar, betelnut, marijuana, wine coolers, etc.) Describe how often used, when used, who in household uses.  
Describe problems associated with use of substance

**Criminal History**

1. Describe and explain all arrest and convictions. Include city, state & country of arrest

**Physical Environment**

1. Describe neighborhood make-up, safety, crime, violence, etc.
2. Give physical description of home, type of housing, condition, sanitary conditions, hazards, play area, children's room, safety precautions

**Additional Info**

1. Describe your ability to assist and transport foster child(ren) to appointment, school, therapy, activities, etc.
2. Your ability to attend regular foster parent meetings, activities, training, etc.
3. Please include a map to your home
4. Add any information you feel is pertinent