

RESOLUTION OF THE GOVERNING BODY OF
THE THREE AFFILIATED TRIBES OF THE
FORT BERTHOLD RESERVATION

WHEREAS, This Nation having accepted the Indian Reorganization Act of June 18, 1934 and the Authority under said Act, and

WHEREAS, The Constitution and Bylaws of the Three Affiliated Tribes authorizes and empowers the Tribal Business Council to engage in activities for the welfare and benefit of the Tribes and Tribal members, and

WHEREAS, As a unit of the government, is empowered to provide for and promote the health and safety of its people, and

WHEREAS, The use of the current Foster Home Licensing procedure has, in several instances, resulted in improper child placements, and

WHEREAS, The Tribal Social Services Program has developed a new Foster Home Licensing Procedure to insure that minimum Foster Home Standards are met, and

WHEREAS, The Licensing Procedure requires a thorough Home Study and Background Investigation of the prospective Foster Parents to insure the Minimum Foster Home Standards are met, and

WHEREAS, The Three Affiliated Tribes and Tribal Social Workers will be protected because the new Foster Home Licensing criteria was designed to select only those Foster Homes that meet the Minimum Foster Home Standards, and,

WHEREAS, The new Foster Home Licensing Procedure has been reviewed and Approved by Diane Johnson, Attorney for the Tribal Legal Department, and the Tribal Human Resources Committee.

NOW THEREFORE BE IT RESOLVED, That the Tribal Business Council of the Three Affiliated Tribes hereby Approves and Adopts the attached Administrative Procedure for Foster Home Licensing.

BE IT FURTHER RESOLVED, That the Tribal Child Welfare Program is Authorized to use the new Foster Home Licensing Procedure immediately for Licensing new Foster Homes and Re-Licensing all existing Foster Homes.

BE IT FURTHER RESOLVED, That the Tribal Human Resources Committee be Authorized to Approve minor changes in the Foster Home Licensing Procedure that may become necessary from time to time due to Program Requirements/ changes.

C E R T I F I C A T I O N

I, the undersigned as Secretary of the Tribal Business Council of the Three Affiliated Tribes of the Fort Berthold Reservation, hereby certify that the Tribal Business Council is composed of seven (7) members of whom five (5) constituting a quorum, 7, were present at a regular meeting, thereof duly called, noticed, convened and held on 9th day of August, 1990; that the foregoing resolution was duly adopted at such meeting by the affirmative vote of 7 members, 0 members opposed, 0 members abstained, 0 members not voting, and said resolution has not been amended or rescinded in any way.

Chairman: Voting Not Voting ()

Dated this 9th day of August, 1990.

ATTEST:

Yolande J. [Signature]
SECRETARY, TRIBAL BUSINESS COUNCIL

Edward Love [Signature]
CHAIRMAN, TRIBAL BUSINESS COUNCIL

MINIMUM STANDARDS FOR LICENSED FOSTER CARE PARENTS

FOR THE

TRIBAL SOCIAL SERVICES CHILD WELFARE OFFICE

Persons wishing to become Licensed Foster Care providers must meet the following Minimum Standards:

1. The Child Welfare Office must be able to contact you in case of emergencies. (i.e. have a telephone or have ready access to one.)
2. Foster parents must be 21 years of age.
3. Foster parents must not have any illness or disability that would prevent them from providing proper care to children.
4. Foster parents must have transportation available to them.
5. Foster parents must act in a responsible manner for the care of the children placed in their home for foster care.
6. Foster parents must cooperatively work with the agency and be willing to attend all foster parent training offered.
7. Foster parent agrees to respect foster child's situation and be discreet and confidential of reasons for foster care placement.
8. In the case of an emergency (within the foster family, such as foster parent needing hospitalization, illness, etc.) foster parent must notify agency for a temporary alternative placement for foster children.
9. Foster parents must be willing to work with the biological parent(s) and the Child Welfare Office in parent/child visitation schedule and they are encouraged to attend the permanency planning meetings for the foster child.
10. Foster parents must be re-licensed annually, which includes a new application, home study and references.
11. Foster parents must exercise discipline that is constructive or educational in nature and must be consistent with the ND Department Services Manual;

Discipline must be constructive or educational in nature and may include diversion, separation from problem situation, talk with the child about the situation, praise for appropriate behavior, and gentle physical restraint such as holding.

- a.) No child may be punched, spanked, shaken, pinched, roughly handled, or struck with an inanimate object by foster parents or any other adult living in the home.
- b.) Authority to discipline may not be delegated to or be accomplished by children.
- c.) Separation, when used as discipline, must be brief and appropriate to a child's age and circumstances, and the young child must be within hearing of an adult in a safe, lighted, well-ventilated room. No child may be isolated in a locked room or closet.

Minimum Standards
(Cont.)

- d.) No child may be physically punished for lapses in toilet training.
- e.) Verbal abuse or derogatory remarks about the child, the child's family, race, religion, or cultural background may not be used or permitted.
- f.) No child may be force fed unless medically prescribed and administered under a physician's care.
- g.) Deprivation of means may not be used as a form of discipline or punishment.

Philosophy of Children

- | | | | |
|---|--------|--------------|--------|
| 1. Distinction between adoption and foster care: | Yes/No | | |
| 2. Reasons for children needing care: | Yes/No | | |
| 3. Foster child's relationship and needs in connection with her/his own parents and siblings: | Yes/No | | |
| 4. Can they work with a child who may return home? | Yes/No | | |
| 5. Will they take a child back who has run away? | Yes/No | | |
| 6. Attitudes toward certain problems - can they work with a child who has these problems: | | | |
| Lying | Yes/No | Truancy | Yes/No |
| Stealing | Yes/No | Sex Play | Yes/No |
| Soiling | Yes/No | Bedwetting | Yes/No |
| Food Fads | Yes/No | Alcohol | Yes/No |
| Smoking | Yes/No | Drugs | Yes/No |
| Swearing | Yes/No | Masturbation | Yes/No |
| Poor social adjustment | Yes/No | | |
| Poor school adjustment | Yes/No | | |
| Destructiveness | Yes/No | | |
| Physical or mental handicaps | Yes/No | | |
| Child who has been sexually abused | Yes/No | | |

Policy and Procedures

- | | |
|--|--------|
| 1. Interpretation of agency's function | Yes/No |
| 2. Agency's supervision of children in foster care | Yes/No |
| 3. Payment rates | Yes/No |
| 4. Provisions for clothing and mecial care | Yes/No |
| 5. Reasons for home study and licence | Yes/No |
| 6. Notify agency of changes in home life or family structure | Yes/No |

Policy and Procedures
(Cont.)

- | | |
|---|--------|
| 7. Notify agency of any illness or injury to child | Yes/No |
| 8. Release child to no one but agency | Yes/No |
| 9. Notify agency immediately if unable to keep child | Yes/No |
| 10. Consult with worker before taking child on extended trip | Yes/No |
| 11. While providing foster care for agency, accept no other children on a permanent basis, without the knowledge of the agency. | Yes/No |
| 12. Discipline | Yes/No |
| 13. Notify Agency of babysitter for child(ren) | Yes/No |

I understand the Minimum Standards, Philosophy of Children and the Policies and Procedures of the Child Welfare Office in the foster parent application process, which has been fully explained to me by _____, Social Worker.

I hereby agree to notify the Child Welfare Office regarding any questions or concerns I may have in the future, regarding the above material presented to me.

(Applicant)	(Date)
(Spouse)	(Date)
(Social Worker)	(Date)

cc: copy to client

THREE AFFILIATED TRIBES • FORT BERTHOLD RESERVATION

Mandan, Hidatsa and Arikara Tribes

HUMAN RESOURCES DEPARTMENT

Social Services Division

P.O. Box 669 • New Town, North Dakota • (701) 627-3731

ADMINISTRATIVE
OFFICES OF:

ALCOHOLISM
GROWTH & DEVELOPMENT
627-4700

WIC
627-4777

COMMODITY PROGRAM
627-4292

COMMUNITY HEALTH REP.
627-3654

HEAD START
627-4820

Re: Your Inquiry Expressing Interest In Becoming a Licensed
Foster Care Provider

Dear

The Tribal Social Services, Child Welfare Office welcomes your
interest in providing licensed foster care.

We are in need of foster parents who are willing and able to provide
responsible care for our children.

Enclosed please find the following forms:

1. A License Foster Care Application Form
2. A Self-Declared Medical History Form
3. A Release of Information Form

The forms must be filled out completely and returned before we will
be able to process your application.

If you have any questions, please contact our office at 627-4556.

Thank you for your interest in providing licensed foster care.

Sincerely,

Supervisor
Child Welfare Program

III. FOSTER CARE INFORMATION:

What type of Foster Care do you wish to be licensed for?

_____ Emergency Foster Care (1 to 7 days)

_____ Short Term (Up to three months)

_____ Long Term (Indefinite Time Period)

What type of Foster Child Placement would you accept?

_____ Male

_____ Female

_____ Handicapped

_____ Non-Handicapped

_____ Age Range

_____ Number of Children

Why do you wish to be licensed for Foster Care? _____

Briefly state what you feel your role as a licensed foster parent will involve? _____

IV. TYPE OF CHILD DESIRED: (Please specify what characteristics of the child you feel most important in fitting into your home---e.g., age, sex, personality, etc.)

V. REFERENCES: The following three (3) persons know us well and may be used as character references (no relatives):

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

VI. SIGNATURES (both required):

1. We hereby apply for admission to the Child Welfare Program to serve as foster parents and give our consent to the Child Welfare Program to contact the above stated references.
2. We understand that it will be necessary for us to be licensed to provide foster care to children by the Human Resource Department and the Three Affiliated Tribes.
3. We agree to work closely with the Child Welfare Program as team members in helping children placed with us to reach their fullest potential.

Date _____ Male Applicant's
Signature _____

Date _____ Female Applicant's
Signature _____

This form is a statement of intention and can be withdrawn by the applicant.



SELF DECLARATION MEDICAL HISTORY

N.D. Department of Human Services/Foster Care
SFN 972 (Rev. 6-85)

FAMILY MEMBER				FAMILY MEMBER			
I. Name				I. Name			
Street Address				Street Address			
City		State	Zip.	City		State	Zip
Birthdate		Phone		Birthdate		Phone	
Name of Physician				Name of Physician			
Street Address				Street Address			
City		State	Zip	City		State	Zip
II. Medical History 1. Date of Last Physical Exam _____ 2. Prescription Drugs <input type="checkbox"/> yes <input type="checkbox"/> no Type _____ 3. Check if you currently have or a history of any of the following:				II. Medical History 1. Date of Last Physical Exam _____ 2. Prescription Drugs <input type="checkbox"/> yes <input type="checkbox"/> no Type _____ 3. Check if you currently have or a history of any of the following:			
<input type="checkbox"/> Epilepsy <input type="checkbox"/> Hepatitis <input type="checkbox"/> Stroke <input type="checkbox"/> Heart Disease <input type="checkbox"/> Cancer (Type _____) <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Emotional/Psychiatric <input type="checkbox"/> Other Limiting Emotional or Physical Problems:		<input type="checkbox"/> Headache (Migraine) <input type="checkbox"/> Lung Disease (Esp. TB) <input type="checkbox"/> Thrombophlebitis <input type="checkbox"/> Sexually Transmitted Diseases <input type="checkbox"/> Arthritis <input type="checkbox"/> Back Problems <input type="checkbox"/> Alcohol/Chemical Dep. <input type="checkbox"/> Vision or Hearing Impair. <input type="checkbox"/> AIDS <input type="checkbox"/> P.M.S.		<input type="checkbox"/> Epilepsy <input type="checkbox"/> Hepatitis <input type="checkbox"/> Stroke <input type="checkbox"/> Heart Disease <input type="checkbox"/> Cancer (Type _____) <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Emotional/Psychiatric <input type="checkbox"/> Other Limiting Emotional or Physical Problems:		<input type="checkbox"/> Headache (Migraine) <input type="checkbox"/> Lung Disease (Esp. TB) <input type="checkbox"/> Thrombophlebitis <input type="checkbox"/> Sexually Transmitted Diseases <input type="checkbox"/> Arthritis <input type="checkbox"/> Back Problems <input type="checkbox"/> Alcohol/Chemical Dep. <input type="checkbox"/> Vision or Hearing Impair. <input type="checkbox"/> AIDS <input type="checkbox"/> P.M.S.	
If any of the above are checked describe any limitations it may cause in caring for the children in your care:				If any of the above are checked describe any limitations it may cause in caring for the children in your care:			
4. Surgical/Illness: Describe any surgery or significant illness within the last year:				4. Surgical/Illness: Describe any surgery or significant illness within the last year:			
5. Please indicate the name(s) of the family, doctor, agency, or any other entity that provided treatment for the above listed conditions:							

III. CERTIFICATION: I certify that the above information is true to the best of my knowledge and I grant permission for this information to be verified with the appropriate personnel or agency.			
Applicant	Date	Spouse	Date

Distribution: Original - Human Service Center
Canary - County Social Service Board
Pink - Family Foster Care Applicant

THREE AFFILIATED TRIBES
Human Resource Department
Tribal Social Services
Child Welfare Office
P.O. Box 669
New Town, North Dakota
701/627-4556

RELEASE OF INFORMATION AUTHORIZATION FORM
FOR
LICENSED FOSTER CARE APPLICANTS

I, _____, _____,
(Name) (Address)
hereby authorize _____

_____ to exchange information, reports and copies of reports regarding _____
_____ with the Three Affiliated Tribes, Child Welfare Program.

I understand that this authorization will be utilized only in conjunction with my licensed foster care application as it relates to the licensing process, and that this authorization will expire on _____. I further authorize my references (as listed in my Licensed Foster Care Application) and any Agency deemed appropriate by said staff to release all information which will assist in making a determination on my foster care application.

Agency references to be contacted include:

1. BIA Law Enforcement Services
2. Three Affiliated Tribes Tribal Social Services
3. Three Affiliated Tribes Tribal Court
4. County Social Services
5. Other _____

In no case will the Release of Information be valid for longer than one year, at which time a new release will be developed and signed by the client, if necessary.

(Applicant) (Date)

(Spouse) (Date)

(Witness) (Date)

THREE AFFILIATED TRIBES
Human Resource Department
Tribal Social Services
Child Welfare Office
P.O. Box 669
New Town, North Dakota
701/627-4556

I. PHYSICAL STUDY OF THE HOME

Name of Applicant(s) _____ County _____
Mailing Address _____ Telephone # _____
Location of Home _____ Work# _____
_____ Message# _____

A. NEIGHBORHOOD

1. Type of Neighborhood: () Town () Rural () Other _____
2. Hazards around the home: () Water () Roads () Other _____
3. Distance to: Medical Care _____ Stores _____ School _____
4. Name of School(s): _____
Distance: _____
5. Type of transportation: _____

B. HOME

1. Construction: () Frame () Brick () Other _____
() House () Apartment () Other _____
() Good Repair () Poor Repair
2. Rooms: Total No. of Rooms _____ No. of Bedrooms _____
No. of Bathrooms _____ Specify other Rooms _____
Comments:
3. Adequate outdoor play space? Yes/No
Is it fenced? Yes/No
4. Indoor play space? Yes/No
Is it comfortably furnished? Yes/No

B. HOME (Continued)

5. Basement rooms used for care of children or as playrooms? Yes/No
Dry? Yes/No Heated? Yes/No Lighted? Yes/No
6. Are basement rooms used for the care of children equipped with more than one exit? (This exit may be an accessible window.) Yes/No
7. Are the house and premises reasonably clean? Yes/No Comments:
-
-

8. Sleeping Accomodations for Children:

- a. Is there adequate space for storage of personal belongings? Yes/No
- b. Access to bathing and toilet facilities? Yes/No
- c. Do bedrooms have windows? Yes/No
- d. Are the windows curtained? Yes/No
- e. Can windows be used for fire exit? Yes/No
- f. Does room have adequate heating? Yes/No
- g. Is the home adequately ventilated? Yes/No
- h. Are foster children within call of an adult? Yes/No
- i. Do all foster children have individual beds? Yes/No
- j. Are there more than three persons sleeping in one room? Yes/No
- k. Is a child over one year sleeping in the same room as an adult? Yes/No
- l. Is a child over six years of age sleeping in a room with a person of the opposite sex? Yes/No
- m. Do sleeping arrangements require a child under 12 years to use a bedroom located in a basement whose floor is 30" or more below ground level? Yes/No
- n. Will the sleeping arrangements for the child force upon any member of the family sleeping arrangements not in reasonable conformity with the rules? Yes/No

B. HOME (continued)

o. Is there at least three feet of floor space between beds? Yes/No

Type of bed used for foster child: Double; Single;
 Crib; Other _____

p. Occupants with whom foster child will share room (names): _____

q. Worker's description of physical aspects of the home that may have relevance for placement of a child in that home: _____

C. GENERAL PROVISIONS FOR CHILD CARE

1. Arrangements for care in foster parent's absence (explain in detail—name, address, telephone): _____

2. Meal planning: Balanced? Yes/No Unusual Diet Habits: Yes/No

If yes, please specify _____

3. Food facilities: Sanitary storage? Yes/No Refrigerator Yes/No

Facilities for preparation and Service for Food? Yes/No

Comments: _____

4. Do bathing facilities have grab bars or non-skid pads? Yes/No

5. Do you have firearms? Yes/No

If so, are they kept in locked storage? Yes/No

6. Do you have liability insurance on all your vehicles? Yes/No

C. GENERAL PROVISIONS FOR CHILD CARE (continued)

7. Household Doors:

- a. Can bathroom doors be unlocked from the outside? Yes/No
- b. Do exterior doors permit easy exit? Yes/No
- c. Are interior doors designed to prevent children from being trapped? Yes/No
- d. Can every closet door be opened from the inside? Yes/No

D. FIRE SAFETY

- 1. Heating system (type of fuel used) _____
- 2. Are there fire hazards? Yes/No (consider the location of furnace room in reference to child's room) _____

- 3. Does the home have sufficient smoke detectors? Yes/No
- 4. Does the home have a five pound or larger ABC type, UL Approved, fire extinguisher? Yes/No
- 5. Has the home had a fire inspection? Yes/No
- 6. Fire evacuation procedure (describe what the family would do if a fire was discovered - how the home would be cleared, which exits, etc.) _____

E. HEALTH AND MEDICAL SAFETY

- 1. Has someone in the family completed a first aid course? Yes/No
Name _____ When course completed _____
- 2. Does the family have first aid supplies, including Syrup of Ipecac? Yes/No
- 3. Is there a private water supply? Yes/No
- 4. Is raw milk used? Yes/No

E. HEALTH AND MEDICAL SAFETY (continued)

5. Have you, or a member of your household,
ever had a communicable disease?
(i.e., TB, hepatitis)

Yes/No

6. Plan for emergency medical care (describe in detail
what your family would do in the event of a medical
emergency with a child/foster child -- specify which
doctors, facilities, hospitals, etc., you would use).

A. FOSTER PARENT (continued)

1. How does she express feelings? (Happiness, sadness, loneliness, caring, anger, etc.) _____

m. Have you ever been a victim of emotional, physical or sexual abuse or neglect? Yes/No

If so, please explain _____

n. Do you now drink alcoholic beverages or abuse drugs? Yes/No

If yes, how often? ___ Daily ___ Once a week ___ Every 2 weeks
___ 6 times a year ___ Once or twice a year ___ Not at all

o. Have you ever been to treatment for chemical dependency? Yes/No

If so, please explain _____

2. Father

a. Name Preferred _____

b. Birthdate _____

c. Religion _____

d. Previous Marriages _____

e. Ethnic Origin _____

f. Years of education or special training _____

g. Occupation _____

1) Length of Employment _____

A. FOSTER PARENTS (continued)

h. Significant previous employment and experience _____

i. Health (significant health problems) _____

j. Special hobbies and interests _____

k. How does he handle stress in his life? _____

l. How does he express feelings? (Happiness, sadness, loneliness, caring, anger, etc.) _____

m. Have you ever been a victim of emotional, physical or sexual abuse or neglect? Yes/No

If so, please explain _____

A. FOSTER PARENTS (continued)

n. Do you now drink alcoholic beverages or abuse drugs? Yes/No

If yes, how often? Daily Once a week Every 2 weeks

6 times a year Once or twice a year Not at all

o. Have you ever been to treatment for chemical dependency? Yes/No

If so, please explain _____

3. Combined

a. Date of marriage _____

b. Evaluation of role religion plays in family and effect on foster care: _____

c. Effect of foster care on financial situation _____

d. Special family hobbies and interests _____

e. Description of family activities _____

A. FOSTER PARENTS (continued)

f. Description of the family's lifestyle (flexible, rigid, scheduled):

g. Have applicants provided foster care for children before? Yes/No

If so, under what arrangements _____

B. Own children in the home: (A child out of the home may be described in Paragraph C.) Attach additional comments if necessary.

a. Name				
b. Birthdate				
c. Sex				
d. Health				
e. Educational level and functioning				
f. Special hobbies & interests				
g. Relationship with parents & siblings				
h. Any special problems that would affect ability to relate to a foster child				
i. How child feels about having a foster child in the family				
j. How are feelings expressed by this child				

D. RELATIONSHIPS

1. Mother's childhood relationship and current relationship with own parents and siblings:
2. Father's childhood relationship and current relationship with own parents and siblings:
3. Mother's relationship with her own children:
4. Father's relationship with his own children:
5. How do the applicants see their own marriage adjustment and relationship with one another?
6. If there have been previous marriages, do they affect the current marriage relationship?
7. How do applicants resolve problems in their marriage and in their family?
8. Do the applicants have sensitive knowledge and understanding of children's needs?

E. CULTURAL

What Indian cultural activities would the applicant family provide to foster children placed in their care?

F. CONCLUSIONS

1. What type of foster child would fit into the home:

	Foster Parents' ideas	Social Worker's ideas, if different
Ages		
Sex		
Number		
Physical handicap		
Mentally handicap		
Emotionally disturbed		
Socially delinquent		
Mixed Race		

2. What type of child would not be accepted or fit into the home? Why?

3. Evaluation of applicants' ability to work with and accept the foster child's natural parents:

III. VERIFICATIONS

To the best of our knowledge, the information in this study regarding the physical lay-out, safety and sanitary conditions of our home are accurate; and the social/family information statements are accurate.

Date _____ Foster Father Applicant _____

Date _____ Foster Mother Applicant _____

RECOMMENDATION(S)

I have compiled the information in this study and have toured the home of the applicants. I believe this information to be accurate and recommend this home be licensed for 24 hour foster care for:

Male _____, Female _____, from _____ through _____ years of age

Capacity _____

Date _____ Social Worker _____

THREE AFFILIATED TRIBES • FORT BERTHOLD RESERVATION

Mandan, Hidatsa and Arikara Tribes

HUMAN RESOURCES DEPARTMENT

Social Services Division

P.O. Box 669 • New Town, North Dakota • (701) 627-3731

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627-3654

HEAD START
627-4820

Re: Personal Reference for Foster Care Home Application of

Greetings:

From the above-mentioned person(s) we have received a Foster Care Parent(s) Application. One of the requirements of the application process is providing personal references. Your name was submitted by the applicant(s).

Attached to this letter is our Personal Reference Questionnaire. We would appreciate your time to complete the form and return to our office as soon as possible. This will assist us in processing the application.

The Three Affiliated Tribes Child Welfare Program appreciates your assistance in finding and recruiting foster parents who are able and willing to provide proper care for our children. If you have any questions, please contact our office at (701) 627-4556.

Thank you.

Sincerely,

Child Welfare Program

THREE AFFILIATED TRIBES
Human Resource Department
Tribal Social Services
Child Welfare Office
P.O. Box 669
New Town, North Dakota
701/627-4556

P E R S O N A L R E F E R E N C E Q U E S T I O N N A I R E

This questionnaire is in reference to _____,
who have expressed interest in providing foster care services for children with
the Three Affiliated Tribes Child Welfare Program. Please complete this question-
naire and return it to us as soon as possible.

Name of Reference: _____ Date: _____

1. How long have you known the applicant(s)? _____
2. What is your relationship to the applicant? (For example: friend, neighbor, etc.)

3. Have you observed the applicant(s) with their own children (child)? _____

4. How would you assess their (his/her) abilities as parents? _____

5. Would you place your children with them (his/her) in an emergency? Yes/No
Why or Why Not? _____

6. Do you have any reservations or doubts in recommending the applicant(s) to
the Three Affiliated Tribes Child Welfare Program? Yes/No
Why or Why Not? _____

7. Would you consent to an interview if needed? Yes/No

THE ABOVE INFORMATION IS CONFIDENTIAL
AND WILL NOT BE SHARED WITH THE APPLICANT

Date _____ Signature _____

THREE AFFILIATED TRIBES
Human Resource Department
Tribal Social Services
Child Welfare Office
P.O. Box 669
New Town, North Dakota
701/627-4556

DISCIPLINE STATEMENT

Family Name _____

Address _____

The Child Welfare Program is concerned with the raising, care, and discipline of children. Please describe how you have raised your own children.

THREE AFFILIATED TRIBES
Human Resource Department
Tribal Social Services
Child Welfare Program
P.O. Box 669
New Town, North Dakota
701/627-4556

PERSONAL HISTORY STATEMENT

Name of Parent _____

During the course of future discussions we will be asking many specific, personal questions in order to assure our mutual success when a child is placed with you. To assist us in beginning this process we ask that you share with us in the space provided below whatever information you believe will be helpful. Suggested areas: your marriage, childhood, parents, children, brothers/sisters.