WILTON RANCHERIA
THE CAPITAL TRIBE

Department of Social Services

Application for Tribally Approved Foster Home

Applicant Name:		Date of Birth:	
Tribal Affiliation:			
Co –Applicant Name:		Date of Birth:	
Tribal Affiliation:			
Mailing Address:			
Physical Address:			
Email:			
Home Phone:		Work Phone:	
Cell Phone:		Message/Other	
Child Information			
Child's Name:			
Relationship to Child:		Date of Birth:	

List All Children & Adults Living/Working in the Dwelling (NOT including Foster Children):

Name (Last, First, MI)	Relationship	Age

By signing below, I agree that all the above information is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Signature of Program Staff: _____ Date: _____

FOR OFFICE USE ONLY:

Date Applied: _____Pending: _____Date Approved: _____Date Denied _____

Authorized Representative Signature: _____

Print Name: _____Title: _____ Date: _____