



APPLICATION FOR TRIBALLY APPROVED FOSTER HOME

Applicant Name: (Last, First, MI)

Date of Birth:

Tribal Affiliation

Co -Applicant Name: (Last, First, MI) Alias (s)/Maiden:

Date of Birth:

Tribal Affiliation

Mailing Address: _____

Physical Address: _____

City: _____ CA. (Zip) : _____

EMAIL: _____

Need Area Codes:

Home Phone # _____

Cell Phone # _____

Work Phone # _____

Message/Other # _____

Wilton Rancheria



9728 Kent Street, Elk Grove, CA 95624

Indian Child Welfare

CHILD INFORMATION

Name: (Last, First, MI)

Date of Birth:

Relationship to Child: _____

LIST ALL CHILDREN & ADULTS LIVING/WORKING IN THE DWELLING

(**NOT** including Foster Children):

Name, (Last, First, MI):

Relationship:

Age:

1. (Self) _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Wilton Rancheria



9728 Kent Street, Elk Grove, CA 95624

Indian Child Welfare

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 : _____

