

Pyramid Lake Paiute Tribe
Social Services

Foster Care
Information Packet



*“Let us put our minds together and see what
kind of life we can make for our children.”*

-Sitting Bull-

What is Foster Care?

Foster Care is the temporary placement of children outside their own homes. It is a temporary situation where children live with a family while problems in their biological family are resolved. It occurs because of abuse, neglect, or other major family problems

What do foster parents do?

Foster parents do many things. Among them are five basic rolls:

1. Protect and nurture children
2. Connect children to safe, nurturing relationships intended to last a lifetime.
3. Meet children's individual, educational, medical, and developmental needs.
4. Support children's relationship with their birth families.
5. Work as members of a team with the child's best interests in mind.

What types of Foster Care are needed?

- ❖ Emergency Foster Care
- ❖ Short term Foster Care
- ❖ Traditional Foster Care
- ❖ Specialized Foster Care
- ❖ Foster Care leading to Adoption



Children who currently need homes the most are:

- ❖ Sibling groups who need to stay together
- ❖ Teenagers
- ❖ Infants and young children
- ❖ Children with behavior and emotional problems

What Can You Do?

- ❖ Become a licensed foster parent. Talk to others about the need....Get the word out.
- ❖ Support foster parents. They are doing an invaluable service not only for the children, but also for the community.
- ❖ Support foster children. In your neighborhood, school and church.

Pyramid Lake Social Services Foster Home Standards and Procedure Summary

Every child has a right to: live with blood relatives, the love and security of a family, all the rights and protection guaranteed in the constitution including the right to nutrition, medicine, culture, education, shelter, guidance, freedom from fear abuse, and due process of law.

For some children it will not be possible to enjoy these rights within the natural family setting or in the home of relatives because of death of parents, abandonment, neglect, abuse, illness of parents or inability of relatives to assume parenting responsibilities. To protect the rights of these children it is necessary for a community to provide a foster family situation.

As a representative agency of the Indian communities of Pyramid Lake, it is the responsibility of the Pyramid Lake Social Services Program to act as an instrument of the Tribal Court to insure that when it is necessary that a child be placed in a foster home on trust land that the child will receive a certain degree of protection and care.

To accomplish this end, the following standards and definitions are established for the selection and supervision of foster homes within the jurisdiction area of the Pyramid Lake Social Services Program.

A. Definition of Foster Care

Foster care is temporary care provided on a compensation basis by an individual or individuals who have met selection criteria. Legal Custody of a foster care child remains with the Tribal Court or the Social Services Program and nothing in the program policy should be interpreted to imply that foster care is other than a temporary placement of a child.

B. Application

1. Any person who feels competent to be a foster parent may apply to the Pyramid Lake Social Services Program for certification.

Applications will be accepted from single or married persons who have a stable and permanent home. The application will request the following information:

- ❖ Name of Applicant
- ❖ Name of Spouse
- ❖ Address and telephone number
- ❖ The names of at least five persons, of whom, no more than three are related by blood or marriage, for the program to contact as references.
- ❖ The names, sex, age, and relationship of all persons living in the household.
- ❖ The occupation and monthly salary of the applicant and all members over 18 years of age.

- ❖ A statement concerning the use of drugs or alcohol by the applicant or other family members.
- ❖ A statement concerning the number, sex, and age of children desired.
- ❖ A statement asking if the applicant is interested in caring for children with learning, physical, and emotional problems.
- ❖ A statement requesting a brief statement concerning the applicants reasons for wanting to be a foster parent.
- ❖ A statement affirming the truth of all information provided to the Pyramid Lake Social Services Program.
- ❖ An Agreement to abide by decisions of the Social Services and the Tribal Courts.

C. Evaluation of Application and Home Study

1. A Social Worker will review the written application prior to a home visit.
2. Home visits will be scheduled with all members of the household to obtain the following information:
 - a) The physical characteristics of the home.
 - b) The feelings of each member of the household to the introduction of a new unrelated member.
 - c) The capacity of the applicant(s) to provide love, care and protection to an unrelated child.
 - d) To determine if there is potential danger by hazard or neglect of a child in this home.
 - e) To determine stamina of the applicant to care for the requested number of children.
 - f) To determine the maturity and soundness of judgment of the applicant.
 - g) To enable the Social Worker to make a recommendation concerning approval/disapproval and the number and ages of children which could be placed with the applicant.

D. Types of License or Certification

1. Regular – issued to a foster home which conforms to maximum standards and renewable yearly.
2. Specific child – issued to a foster home which meets minimum standards. Placements in such a foster home for which a complete evaluation has not been completed. Placement in such a home may not exceed 14 days.

E. Reason for Denial

A foster home license will be denied for failure to meet the minimum standards.

F. Continuing Evaluation of Foster Home

A Social Worker may visit the foster home at any time to determine compliance with standards. A minimum of two visits a year will be made for this purpose. A foster home which does not maintain compliance may have its license revoked immediately or may be placed on a 20 day probationary period after which the license will be revoked or reinstated. A written statement will be sent to the foster home informing them of reasons for probations or termination of foster home license or certification.

G. Specific Standards (Foster Parents)

1. A foster home license or certification will not be restricted solely to married couples. In some cases a single parent foster home may not be appropriate and will not be used, however, licensing will not be affected by marital status.
2. Foster parents shall be responsible, mature individuals who are felt by the community to be of good character. Foster parents must be at least 21 years old. No restriction is placed on upper age level by an older foster parent must have the physical and emotional stamina to deal with the guidance, care and protection of children. The foster parents must be willing and able to establish meaningful relationships with other persons.
3. The income available to a foster home prior to the placement of a child must be sufficient to support the foster family at reservation standards.
4. For pre-school foster children on foster parent will be committed to employment or other full time outside activity. For school age children there will be a babysitter available for the care of children during the time that the foster parent is away.
5. Foster parent will be required to submit a medical examination form to the Social Services Program. This requirement can be waived by the child welfare specialist.
6. A request will be made to the Bureau of Indian Affairs Law and Order Branch asking to report an arrest history or other information which might cast doubt as to suitability.

H. Specific Standards (Facility)

1. A house of the foster parents shall be of a standard accepted on the reservation as adequate. The Social Worker may judge certain aspects of the home to be hazardous to the children and request corrections.
2. Toxic materials and firearms shall be kept in a place restricted by lock or location from the children.
3. Sleeping and dining facilities will conform to reservation standards and custom. The foster parent shall insure that there is appropriate privacy and conduct.

I. Number of Children in Care

1. The number of children to be placed in a foster home will be determined by the ability of the foster parent(s) to provide appropriate care by the size of the home in the light of Indian lifestyle and custom but in no case shall there be more than four children (foster and natural) in a single parent foster home and six children in a two parent foster home. Ages and special needs of children may further limit these standards.

J. Clothing Allowance

1. Sufficient allowance made at the time of placement to provide the child with a wardrobe that is comparable to that of other children in the family, school, and community in which they will be living, Thereafter payment for clothing will be made 3 times annually or more often if special needs arise. It shall be the responsibility of the foster parent to insure that the child has appropriate clothing, request for clothing allowance when needed, and provide receipts to the Pyramid Lake Social Services Program on request.

K. Discipline

1. Child training and discipline shall be handled with kindness and understanding
2. No child in care shall be subjected to verbal abuse, derogatory remarks about himself, his natural parents, or relatives or to threats to expel the child from the foster home.
3. No child in care shall be deprived of meals, mail or family visits as a method of discipline.
4. When discipline or punishment must be administered, it shall be done with understanding and reason. The method of punishment will be discussed for each child when he/she is placed. Corporal punishment, however, is never acceptable.

FOSTER HOME AGREEMENT

I, (we) understand that foster care is temporary, that eh Pyramid Lake Social Services Program will be making and possibly changing social work plans for the child as the situations change.

I, (we) agree to cooperate with the Tribal Courts and Pyramid Lake Social Services Program staff in carrying out the goals and objectives of social work plans

FOSTER MOTHER

DATE

FOSTER FATHER

DATE

**Pyramid Lake
Foster Home License Application**

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Social Sec. #: _____	Social Sec. #: _____
Age: _____ DOB: _____	Age: _____ DOB: _____
Place of Birth: _____	Place of Birth: _____
Height: _____ Weight: _____ Eyes: _____	Height: _____ Weight: _____ Eyes: _____
Hair: _____	Hair: _____
Highest grade completed: _____	Highest grade completed: _____

<u>Others Living in the Home</u>		
Name: _____	D.O.B: _____	Relationship _____
Name: _____	D.O.B: _____	Relationship _____
Name: _____	D.O.B: _____	Relationship _____
Name: _____	D.O.B: _____	Relationship _____
Name: _____	D.O.B: _____	Relationship _____

Present Employment:	Name:	Name:
Employer:		
Type of Work:		
Hours of Work:		
Length of Employment:		
Monthly Income:		

List all other income and source: _____

Directions for reaching home: _____
Have you ever applied for a foster home license in Nevada? No _____ Yes _____ When _____

Do you have a preference as to the ages, sex, or number of children you can care for?

Ages: _____ Sex: _____ Number of children: _____

Are you willing to care for children with physical or emotional problems: Yes _____ No _____

Please specify the type of foster home license you desire:

Regular care (renewable yearly): _____ Emergency Care: _____ Special Care: _____

Specific Child: _____ Don't know yet: _____

List your addresses for the past five years:

Address

Length of residence

_____	_____
_____	_____
_____	_____
_____	_____

Resources: Checking/Savings Accounts

Bank: _____ Amount: _____

Bank: _____ Amount: _____

Bank: _____ Amount: _____

Automobiles: Year _____ Make/Model _____

Automobiles: Year _____ Make/Model _____

Automobiles: Year _____ Make/Model _____

Debts and Obligations

To Whom:	Amount owed:
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For:	Monthly Payment:
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To Whom:	Amount owed:
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For:	Monthly Payment:
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To Whom:	Amount owed:
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For:	Monthly Payment:
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Have you ever been convicted of an offense, other than a minor traffic violation? Yes _____ No _____
If yes, please describe:

Do you drink alcoholic beverages? Yes _____ No _____
If yes, how often and under what circumstances?

Have you ever received treatment for an alcohol or drug related problem? Yes _____ No _____
If yes, when and where?

References: List five contacts of people you know well. Please list no more than two relatives.

Name	Address	Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Briefly state why you are interested in becoming a foster parent:

Are you interested in adoption of a child? Yes _____ No _____

THIS SECTION TO BE FILLED OUT BY HUSBAND:

FAMILY HISTORY:

Please give the following information about your parents, brothers, and sisters, including:
Name, Age, Address, Health, Education, and Occupation.

What do you see as your responsibilities to a child? What kind of adult would you like your child to develop into?

How do you feel a child should be disciplined?

Do you have a mental illness or seeing a counselor for any reason? If yes, Please explain:

Have you ever been charged/arrested with a law violation (other than a traffic citation)?
Yes _____ No _____. If yes, explain the nature of the offense, the circumstances and the disposition.

Do you use alcohol? If yes, how often? Please explain.

Are you currently using any prescription medications? Yes _____ No _____

If yes, Please explain. _____

Explain any handicaps or health problems you may now have to have overcome in the past ten years. Include information on any hospitalization for whatever reason.

I hereby certify that the foregoing facts are true and accurate to the best of my knowledge.

Signature

Date

THIS SECTION TO BE FILLED OUT BY WIFE:

FAMILY HISTORY:

Please give the following information about your parents, brothers, and sisters, including:
Name, Age, Address, Health, Education, and Occupation.

What do you see as your responsibilities to a child? What kind of adult would you like your child to develop into?

How do you feel a child should be disciplined?

Do you have a mental illness or seeing a counselor for any reason? If yes, Please explain:

Have you ever been charged/arrested with a law violation (other than a traffic citation)?
Yes _____ No _____. If yes, explain the nature of the offense, the circumstances and the disposition.

Do you use alcohol? If yes, how often? Please explain.

Are you currently using any prescription medications? Yes _____ No _____

If yes, Please explain. _____

Explain any handicaps or health problems you may now have to have overcome in the past ten years. Include information on any hospitalization for whatever reason.

I hereby certify that the foregoing facts are true and accurate to the best of my knowledge.

Signature

Date

**PYRAMID LAKE PAIUTE TRIBE
SOCIAL SERVICES PROGRAM
FOSTER HOME LICENSING**

CERTIFICATE OF HEALTH EXAMINATION FOR ADULTS

TO EXAMINING PHYSICIAN:

I hereby give you permission to provide the Pyramid Lake Social Services Program complete information about my physical and emotional condition.

SIGNATURE _____ DATE _____
(Applicant)

NAME OF APPLICANT _____ AGE _____

ADDRESS _____

The above person desires a Foster Care License. It is necessary to determine that this person has no evidence of a communicable disease and is physically capable of caring for children

PHYSICIAN'S STATEMENT

I have examined _____ on _____ and found:
(Applicant) (Date)

1. NO EVIDENCE / EVIDENCE of communicable disease. (please circle one)
2. This person IS / IS NOT capable of physically caring for children. (please circle one)

Additional Remarks:

SIGNATURE OF DOCTOR: _____ DATE _____

PRINTED NAME AND ADDRESS OF DOCTOR: _____

**PYRAMID LAKE PAIUTE TRIBE
SOCIAL SERVICES PROGRAM
FOSTER HOME LICENSING**

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TO EXAMINING PHYSICIAN:

I hereby give you permission to provide the Pyramid Lake Social Services Program complete information about my physical and emotional condition.

SIGNATURE _____ DATE _____
(Applicant)

NAME OF APPLICANT _____ AGE _____

ADDRESS _____

The above person desires a Foster Care License. It is necessary to determine that this person has no evidence of a communicable disease and is physically capable of caring for children

PHYSICIAN'S STATEMENT

I have examined _____ on _____ and found:
(Applicant) (Date)

1. NO EVIDENCE / EVIDENCE of communicable disease. (please circle one)
2. This person IS / IS NOT capable of physically caring for children. (please circle one)

Additional Remarks:

SIGNATURE OF DOCTOR: _____ DATE _____

PRINTED NAME AND ADDRESS OF DOCTOR: _____

**PYRAMID LAKE PAIUTE TRIBE
SOCIAL SERVICES PROGRAM
P.O. BOX 256
NIXON, NV 89424
PH. (775) 574-1047
FAX. (775) 574-1052**

**AUTHORIZATION FOR RELEASE OF INFORMATION
FOSTER HOME CERTIFICATION APPLICATION**

You are authorized by the undersigned, to release to the Pyramid Lake Paiute Tribe Social Services Program, any and all information necessary to complete the investigation required for a home study. Including but not limited to complete details about my financial situation, history of arrest, prior adoption studies, and/or foster home records, family care records and the state of my health, both physical and mental.

This authorization constitutes a full and complete release from any liability to you resulting from disclosure of the required information.

Name: _____

D.O.B.: _____ SSN: _____

Name: _____

D.O.B.: _____ SSN: _____

Signature

Date

Signature

Date

Please return to office indicated below:

Pyramid Lake Paiute Tribe
Social Services Program
P.O. Box 256
Nixon, NV 89424

(775) 574-1047
(775) 574-1052

STATEMENT OF UNDERSTANDING

I, _____ AND

I, _____ UNDERSTAND THAT:

1. AN APPLICANT FOR FOSTER HOME CERTIFICATION DOES NOT GUARANTEE AN APPROVAL FOR PLACEMENT OF A CHILD.
2. IF OUR APPLICATION IS APPROVED, WE ARE NOT GUARANTEED THE PLACEMENT OF A CHILD IN OUR HOME.
3. I/WE HEREBY CERTIFY THE FOREGOING FACTS ARE TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

FOSTER HOME AGREEMENT

(Foster Parents) _____ have agreed to serve as a foster home for the Pyramid Lake Paiute Tribe, Social Services Program.

The Pyramid Lake Paiute Tribe, Social Services Program agrees to:

1. Share information about the child(ren) with the foster parents to develop a plan for the child.
2. Keep the foster parents informed about any changes in the plans for the child(ren) including giving as much notice as possible if the child will be removed, at least five (5) days for a planned removal.
3. Develop all plans for visits by the natural parents and other relatives, and monitor these visits, if necessary.
4. Make regular contacts by visiting the foster home or by telephone at least monthly. Visits will be scheduled for the mutual convenience of the foster family and the Social Worker.
5. Be available to the foster parents by telephone in case of emergencies, if possible. (If Social Worker is unavailable, foster parents should contact the Pyramid Lake Police Department).
6. Pay monthly payments for board, room, care and personal incidentals according to Nevada State Welfare Standards for the care of child(ren) placed in your home.
7. Pay 24 cents per mile for transportation to medical care, therapy and any other transportation authorized by the Social Worker.
8. Make clothing allowance payments three times a year, according to the age of the child(ren), following Nevada State Welfare Standards.

The foster parents agree to:

1. Treat the child(ren) as a member of the family and give him/her individual care and supervision.
2. Supply the child(ren) with appropriate clothing using the clothing allowance, and turning in receipts to Social Services for the clothing purchased.
3. Take the child(ren) to counseling/therapy and to be involved in any therapeutic interventions that may include participation in the child's sessions.
4. Take the child(ren) to the doctor and dentist for regular health care and keep a record of health care and immunizations.
5. To work with the Social Worker to develop a case plan for the child(ren)'s care.
6. Allow the Social Worker to visit the child(ren) at the home any time that is mutually convenient.
7. Notify Social Services when any of the following changes occur:
 - A. Change of address.
 - B. Someone joins or leaves the household (not including weekend visitors).
 - C. Someone in the household has a serious illness or accident.
8. Immediately notify Social Services when a foster child:
 - A. Becomes ill or has an accident.
 - B. Runs away.
 - C. Has any serious problem.
9. Receive parents and relatives for visits as approved by Social Services
10. Give at least five (5) days notice if I/we wish to have a child(ren) removed from our home.
11. Not accept other children or adults for day care of full-time care without first discussing the matter with the Social Worker and the Social Services Director to determine the effect on the foster child(ren) in the home and the effect on the foster home license.

I/We understand the Pyramid Lake Social Services Program has the right and responsibility to carry out plans for the foster child(ren), which may include transfer to other homes or facilities, adoption, return to natural parents, placement with relatives or other plans. When the child is a Ward of the Court, I/we understand that Pyramid Lake Paiute Tribe, Social Services and the foster parents must abide by all court orders.

(FOSTER MOTHER)

(DATE)

(FOSTER FATHER)

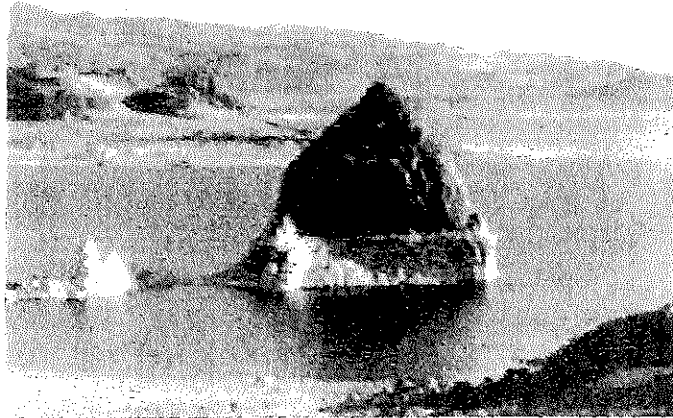
(DATE)

(SOCIAL WORKER)

(DATE)

Foster Care Licensing Checklist

- △ Application & Statement of Understanding
- △ Signed medical forms
- △ References: list name, address, and phone of five people who know you well. Up to three may be relatives.
- △ Home study
- △ Fingerprints
Call Pyramid Lake Tribal Police Department for an appointment
- △ Copy of CIB, Certification of Indian Blood



The Social Services Department is available to answer any questions or concerns regarding the licensing process at :
(775) 574-1047