



Application for Child Foster Care

Applicant #1

Name:	Alias/Maiden Name:	Email:
Date of Birth:	Social Security Number:	Phone Number:
Are you enrolled in a federally recognized tribe? If so, please include the tribe and your enrollment number.		

Applicant #2

Name:	Alias/Maiden Name:	Email:
Date of Birth:	Social Security Number:	Phone Number:
Are you enrolled in a federally recognized tribe? If so, please include the tribe and your enrollment number.		

Residence Information

Physical Address:
Mailing Address:
Check All That Apply: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mobile Home (Year Made: _____) <input type="checkbox"/> Wood Burning Stove
School District: _____ Have you been previously licensed: Yes or No

Others Living in the Home *(include all children and adults, even if it is only temporary):*

Name (First, M, Last)	DOB	Relationship to Applicant

By signing below, I certify that the information that I have provided on this application is true and accurate. I certify that all documentation that I provide or representations that I make to the Leech Lake Foster Care Staff during the application process will be true and accurate. I understand that any misrepresentations or false information will result in a denial of my application.

Signature of Applicant #1 Date

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