



MESCALERO CHILD WELFARE & FAMILY SERVICES

PO Box 228

abranham@mescaleroapachetribe.com

241 School Circle

awilliams@mescaleroapachetribe.com

Mescalero, NM 88340

Office# 575-464-4334 Fax# 575-464-4006

Please fill out application thoroughly

- 1. Application needs to be thoroughly filled out in each blank space; as it request specific information of the household.**
- 2. Copy of your Driver's License, current and up to date.**
- 3. Copy of Spouse/Partner (if applicable) current Driver's License.**
- 4. Copy of current Auto Insurance.**
- 5. Mescalero Foster Home Licensing Program has the ability to complete the finger printing with our local Conservation Department Office. Please let us know of a good time you can set an appointment.**
- 6. Mescalero Tribal Offices, have Notary Public, so all documents that require notarizing can be completed at the Tribal Office.**
- 7. We can make copies for your records, if you bring in your documents.**



MESCALERO APACHE FOSTER CARE PARENT APPLICATION

All Information is Strictly Confidential

Applicant Name(s)

Last	First	MI	Social Security #
Last	First	MI	Social Security #
Home Address	City	Zip	Phone Number #
Mailing Address- if different from above			
Directions to your Home			

1) Applicant

2) Applicant

	Place:			DOB:		
Countries Ancestors came from						
Primary Language Spoken in the Home:						
Other Language Spoken in the Home:						
Religion- if applicable:						
Years a N.M. Resident:						
Physical Description:	Sex	Height	Weight	Sex	Height	Weight
Color	Hair	Eye	Skin	Hair	Eye	Skin
Education; Last Grade and College Degrees Completed	Grammar	High School	College	Grammar	High School	College
Military Services	Branch	Length of Service	Discharge Type	Branch	Length of Service	Discharge Type

1) Applicant

2) Applicant

EMPLOYMENT	Occupation	Occupation
(List employment history for the past 3 years, include address & phone # of previous employer	Employer	Employer
	Present Job Length	Present Job Length
	Last Previous Job & Length	Last Previous Job & Length
	Previous Job & Length	Previous Job & Length

INSURANCE COVERAGE (Name)			
Life \$	Auto \$	Hospital \$	Other Insurance: \$

1) APPLICANTS FAMILY

PARENT

Name	Mailing Address	Age	Health	Occupation
Father				
Mother				

SIBLINGS

Name	Mailing Address	Age	Health	Occupation

2) APPLICANTS FAMILY

PARENT

Name	Mailing Address	Age	Health	Occupation
Father				
Mother				

SIBLINGS

Name	Mailing Address	Age	Health	Occupation

NAMES OF CHILD(REN)- IN THE HOME	BIRTH DATE	OCCUPATION OR SCHOOL GRADE	BIRTH OR ADOPTED

CHILDREN OUT OF THE HOME	WHEREABOUTS	BIRTHDATE	OCCUPATION OR SCHOOL GRADE	BIRTH OR ADOPTED
CHILDREN DECEASED	DATE OF DEATH			

HOME INFORMATION

<input type="checkbox"/> House	<input type="checkbox"/> Apt.	<input type="checkbox"/> Mobile Home	No. Of Bedrooms
<input type="checkbox"/> Rent Payment per Month:		<input type="checkbox"/> Owned-Amount per Month	
Previous Address: Last (5) Years		Dates: (From – To)	
How Long Have You Lived At Current Address? _____ Years and _____ Months			

MARRIAGE HISTORY

Present Marriage	Place-Town, County & State	Date

Previous Marriages?	1) Applicant	2) Applicant
To Whom?		
Date & Place?		
Date & Place of Divorce?		
Date of Spouse Death?		

	1) Applicant	2) Applicant
To Whom?		
Date & Place?		
Date & Place of Divorce?		
Date of Spouse Death?		

NOTE: IF MORE THAN TWO (2) PREVIOUS MARRIAGES PLEASE LIST ON A SEPARATE SHEET OF PAPER.

HAVE YOU EVER BEEN	1) Applicant	2) Applicant
Arrested as an Adult?	() Yes () No	() Yes () No
Arrested as a Juvenile?	() Yes () No	() Yes () No
Referred for Adult or Child Abuse?	() Yes () No	() Yes () No
Received Psychological/Psychiatric Treatment	() Yes () No	() Yes () No
Previously Applied or Studied for Foster Care Adoptions	() Yes () No	() Yes () No
If there is a Yes answer to any of the above questions, please explain circumstances (Please attach separate sheet if needed).		

REFERENCES

Applicant- Three non-relative persons who know you as a parent include, where possible, two neighbors or friends.			
REFERENCE	NAME	MAILING ADDRESS	TELEPHONE #
1) Applicant's Relative			
1) Applicant's Employer			
1) Applicant's Friend or Neighbor			
1) Applicant's Friend or Neighbor			

2) Applicant- Three non-relative persons who know you as a parent include, where possible, two neighbors, your family physician and someone from your child's school.			
REFERENCE	NAME	MAILING ADDRESS	TELEPHONE #
2) Applicant's Relative			
2) Applicant's Employer			
2) Applicant's Friend or Neighbor			
2) Applicant's Friend or Neighbor			

Acknowledgement and SIGNATURES-in signing this form, MAFHLP applicants are verifying they have received a copy of and acknowledging the following conditions of licensure/approval and that the information provided on this application is truthful representation.

- A. The persons given as references will be contacted by mail, telephone, or in a home visit.
- B. Police records, F.B.I. fingerprints and child abuse and neglect will be checked and verified.
- C. Military, employment, marriages and divorces will be verified.

- D. Medical records of the applicant will be requested and reviewed (when necessary). Family members must verify current immunization and that they are free of communicable diseases.
- E. A screen inventory for the potential for poor parenting skills will be administered and utilized as part of the licensing assessment process.
- F. 12 Hours Pre-Service training is mandatory for both applicants prior to completion of the home study.
- G. MAFHLP and MAT Social Services have the right and the duty to visit the MAFC children in the MAFC home.
- H. A MAFC child shall not be surrendered to the care and control of any person, or relative of the child, other than a MAFHLP Parent without authorization from MAFHLP and MAT Social Services.
- I. Foster parents agree to adhere to the MAFHLP policies and procedures, as well as laws and regulations applying to foster care.
- J. If a law officer takes protective custody of any foster child (section 32-A-4-6 of the children code) foster parents shall surrender custody of the child to the law officer.
- K. No independent planning for foster children shall be made by the applicant(s).
- L. An application for foster care does not guarantee a license/approval for placement of a child. An approval or denial is based on suitability of the family for children whom MAFHLPP and MAT Social Services have it responsibility.
- M. If my (our) application is approved, I (we) am (are) not guarantee placement in my (our) home.
- N. I (WE) UNDERSTAND THAT SIGNING THIS APPLICATION DOES NOT GUARANTEE THAT A FOSTER HOME LICENSE WILL BE ISSUE TO ME (US). THIS APPLICATION IS THE BEGINNING STEP INCOMPLETING THE HOME STUDY PROCESS.

1) Applicant

2) Applicant

Date Signed

Date Signed