



## MESCALERO CHILD WELFARE & FAMILY SERVICES

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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)**

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

**1) Applicant**

**2) Applicant**

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

**1) Applicant**

**2) Applicant**

| <b>EMPLOYMENT</b>  | <b>Occupation</b>                     | <b>Occupation</b>                     |
|--|---------------------------------------|---------------------------------------|
| <b>(List employment history for the past 3 years, include address &amp; phone # of previous employer</b> | <b>Employer</b>                       | <b>Employer</b>                       |
|  | <b>Present Job Length</b>             | <b>Present Job Length</b>             |
|  | <b>Last Previous Job &amp; Length</b> | <b>Last Previous Job &amp; Length</b> |
|  | <b>Previous Job &amp; Length</b>      | <b>Previous Job &amp; Length</b>      |

|                                  |                   |                       |                               |
|----------------------------------|-------------------|-----------------------|-------------------------------|
| <b>INSURANCE COVERAGE (Name)</b> |                   |                       |                               |
| <b>Life</b><br>\$                | <b>Auto</b><br>\$ | <b>Hospital</b><br>\$ | <b>Other Insurance:</b><br>\$ |

**1) APPLICANTS FAMILY**

**PARENT**

| <b>Name</b>   | <b>Mailing Address</b> | <b>Age</b> | <b>Health</b> | <b>Occupation</b> |
|---------------|------------------------|------------|---------------|-------------------|
| <b>Father</b> |                        |            |               |                   |
| <b>Mother</b> |                        |            |               |                   |

**SIBLINGS**

| <b>Name</b> | <b>Mailing Address</b> | <b>Age</b> | <b>Health</b> | <b>Occupation</b> |
|-------------|------------------------|------------|---------------|-------------------|
|             |                        |            |               |                   |
|             |                        |            |               |                   |
|             |                        |            |               |                   |
|             |                        |            |               |                   |

**2) APPLICANTS FAMILY**

**PARENT**

| <b>Name</b>   | <b>Mailing Address</b> | <b>Age</b> | <b>Health</b> | <b>Occupation</b> |
|---------------|------------------------|------------|---------------|-------------------|
| <b>Father</b> |                        |            |               |                   |
| <b>Mother</b> |                        |            |               |                   |

**SIBLINGS**

| <b>Name</b> | <b>Mailing Address</b> | <b>Age</b> | <b>Health</b> | <b>Occupation</b> |
|-------------|------------------------|------------|---------------|-------------------|
|             |                        |            |               |                   |
|             |                        |            |               |                   |
|             |                        |            |               |                   |
|             |                        |            |               |                   |

| <b>NAMES OF CHILD(REN)- IN THE HOME</b> | <b>BIRTH DATE</b> | <b>OCCUPATION OR SCHOOL GRADE</b> | <b>BIRTH OR ADOPTED</b> |
|---|-------------------|-----------------------------------|-------------------------|
|   |                   |                                   |                         |
|   |                   |                                   |                         |
|   |                   |                                   |                         |
|   |                   |                                   |                         |

| CHILDREN OUT OF THE HOME | WHEREABOUTS   | BIRTH DATE | 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 | MAILILNG 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 | MAILILNG 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 MAFHLP 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