

Application for Tribally Approved Foster Care Susanville Indian Rancheria

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:

Owned Rented Mobile Home (Year Made: _____) Wood Burning Stove

Have you previously been foster parent: Yes or No Describe:

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

Name (First, Middle, 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 Susanville Indian Rancheria 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

Signature of Applicant #2

Date: _____

