



Dear Foster Parent Applicant(s),

Thank you so much for your interest in fostering children and youth in your community.

Foster care can provide temporary care for children and youth in need of a safe, healthy and nurturing home environment. Children and youth are placed in foster care for different reasons, such as through a court order for their safety or under a voluntary arrangement made with the child or youth's parent(s) or guardian(s).

Fostering a child or youth is a serious commitment that can forever change the life of a child or youth as well as the life of the foster family. It is not just a privilege but a duty and an obligation put towards loving and caring for a child or youth while giving them the tools to be successful in life. Here in the Northwest Territories, there are many children and youth who need a temporary home.

A foster care rate is provided to meet the daily care needs of the child or youth. As of April 1, 2018, the Department of Health and Social Services has adjusted and increased foster care rates across the Northwest Territories to meet these needs.

The application process to be a foster parent is meticulous but necessary to ensure that the foster parent(s) have the ability to care for each child or youth's specific needs. The process includes:

- Completing the foster home application
- Providing three (3) personal reference letters
- Completing a medical examination
- Completing criminal records check including a vulnerable sector search
- Completing a child protection records check
- Participating in a foster home study

The first step is to contact a Foster Care Worker from your region or community and review the Foster Home application package. The Foster Care Worker's role includes supporting and answering all of your questions related to the application process. Once the application package is completed and received, a Foster Care Worker will schedule an appointment with you to complete your home study component which will determine if your home can provide a safe and suitable environment for children and youth as well as addresses a variety of topics such as your own family history, parenting skills and home safety. The home study process consists of a minimum of **4 in-home** visits and interviews and must be completed **45 days** after receipt of the application package. Every member of your household must participate in this assessment such as all other adults, children and youth living in the home. This will help your Foster Care Worker to fully assess your family's suitability to foster and to make their final recommendation to their Supervisor and/or Manager of the local or regional Health and Social Services office. If your family is approved as suitable to foster in the Northwest Territories, your home will be open as a foster home and any training opportunities will be explored as part of your Foster Home Agreement.

Thank you again for your willingness to help children, youth and their families in need. The difference you can make in a child or youth's life is immeasurable and could be life-lasting.

If you have any questions about the Foster Parent application process, please contact your local or regional Health and Social Services office and ask to speak with a Foster Care Worker.

Sincerely,

Chasity Darku

Quality Specialist/Deputy Director of Child and Family Services and Adoption

Application Components

1. Foster Home Application (3 pages)
2. Application Medical Examination (3 pages)
3. Child Protection Records Check (4 pages)
4. Foster Parent Reference (2 pages)
5. Consent for Release (1 page)

FOSTER HOME APPLICATION				
Applicant(s) Information				
Name(s):				
Date and Place of Birth:				
Home Address:				
Mailing address <i>(if different from above)</i> :			Telephone Number <i>(home)</i> :	
Name of Employer:		Occupation:		
Work Hours:		Phone Number(s):		
Applicant(s)'s health, including any condition(s) impacting ability to care for children/youth:				
Applicants' Relationship Information				
<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Common Law	Date Relationship began:	
Children/youth living in the home:				
Name	Gender	Birth Date	Relationship to Applicants	
Other Adults living in the home:				
Name	Gender	Birth Date	Relationship to Applicants	
Type of Housing				
<input type="checkbox"/> House <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Other <i>(specify)</i> Number of Bedrooms:				

Foster Children/youth:	
We would like to foster a child/youth: Age range: _____ Gender(s): _____	
<p>Interested in providing care for children/youth who may be experiencing:</p> <p><input type="checkbox"/> Medical Condition(s)</p> <p><input type="checkbox"/> Minor Physical Disability</p> <p><input type="checkbox"/> Fetal Alcohol Spectrum Disorder</p> <p><input type="checkbox"/> Significant Physical Disability</p> <p><input type="checkbox"/> Emotional/ Behavioural issues</p> <p><input type="checkbox"/> Developmental Delay(s)</p> <p><input type="checkbox"/> Learning Disability/Delay</p> <p><input type="checkbox"/> History of Trauma</p>	<p><input type="checkbox"/> History of Sexual/Physical Abuse/Neglect</p> <p><input type="checkbox"/> Exposure to Family Violence</p> <p><i>Willing to Provide:</i></p> <p><input type="checkbox"/> Respite Care</p> <p><input type="checkbox"/> Emergency care</p> <p><input type="checkbox"/> Temporary/ Short-term placements</p> <p><input type="checkbox"/> Long-term Foster Care</p> <p><input type="checkbox"/> Care to Transition to Adoptive home</p> <p><input type="checkbox"/> Care for Siblings</p>

Regular Foster Home Applicant(s): I/We, understand that the following forms need to be completed prior to this application being considered for approval:

- Consent for Release/Obtain Information
- Medical Examination Report
- Criminal Record Check including vulnerable sector check (*every adult residing in the home*)
- Interprovincial Child Protection Background check (where applicable),
- 3 References

Once the above documentation is submitted, a Foster Home Study will be completed within 45 days. Written notification of the outcome of this application will be mailed within 14 days of the completion of the home study. If approved, the *Foster Home Agreement, Oath of Confidentiality and Caregiver Discipline Agreement* must be signed prior to children being placed in the foster home.

Extended Family/Provisional Foster Home Applicant(s): Children/youth may be placed with extended family and/or community members in emergency situations with the completion of a Child and Family Services records check and RCMP check. The *Foster Home Agreement, Oath of Confidentiality and Caregiver Discipline Agreement* must be signed within 72 hours of the children's/youth's placement. The following additional documentation must be completed within 14 days of placement:

- Foster Home Agreement
- Criminal Record Check (every adult residing in the home)
- Medical Examination Report
- Extended Family/Provisional Foster Home Study

If all documentation is not submitted, I/we understand that the children/youth placed in our home may be removed.

Foster Parent Applicant

Date

Foster Parent Applicant (where applicable)

Date

Date:

Applicant Medical Examination
To Be Completed By Medical Personnel
(Update required every five (5) years)

Name:	Date of Birth: (day/month/year)
Address: Street: _____ Apartment Number: _____ City: _____ Territory/Province: _____ Postal Code: _____ Phone Number () - _____	
Community of Origin:	
Please describe any of the applicant's health problems that may affect the applicant's ability to provide for the physical, emotional and personal care of a foster child now and in the future:	
Has this individual been diagnosed (currently or in the past) with any of the following communicable diseases: <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Tuberculosis Please elaborate:	
Have any of the individuals currently residing in the applicant's home been diagnosed with any of the above-mentioned communicable diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Does the individual have any chronic disease of which you are aware?	<input type="checkbox"/> Yes
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<p>If yes, please describe:</p> 	<input type="checkbox"/> No
<p>Please list all prescribed medications this individual uses:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	
<p>Does this individual smoke cigarettes?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does this individual smoke inside his/her home or allow others to smoke inside the home?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has this individual had any hospital admissions of which you are aware?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please briefly describe the reason for the admission and the outcome:</p> 	
<p>Has this individual had any admissions of which you are aware to a Treatment Centre for drug/alcohol abuse, mental illness or suicidal ideation?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please briefly describe the reason for the admission(s), date of admission(s) and your opinion as to whether these issues continue to be a risk factor for the individual.</p> 	
<p>Does this individual consume wine/beer/spirits or any home-made alcoholic drinks?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many times a week? What quantity each time?</p> 	

Has this individual ever sought medical treatment for an injury that resulted from a domestic violence incident? ☐ Yes ☐ No

If yes, please describe the nature/severity of the injury and whether you believe a risk of future domestic violence still exists.

Knowledge of Applicant

1. Length of time you've known the applicant
2. Do you have any concerns about the applicant becoming a foster parent? If "Yes" please explain.

MEDICAL PRACTITIONER'S SIGNATURE: _____

Date of Examination: _____

Address/Name of Health Centre: _____

APPLICANT'S STATEMENT

I hereby certify the information I have given in this report is, to the best of my knowledge, true and correct and agree to the distribution of this report and the information it contains to the Child Protection Worker in my community.

Signature:

 Applicant

 Date

Child Protection Record Check

The information provided on this form is collected under the authority of NWT *Child and Family Services Act* in compliance with the *Access to Information and Protection of Privacy Act*. The information will be used to search for child protection issues in relation with your previous addresses outside the Northwest Territories. The information will not be released for any other purpose and will be treated as confidential.

The Department of Health and Social Services assumes no liability from using this information.

Applicant Personal Information	
Name of Applicant:	Maiden Name: <i>(where applicable)</i>
Alias(es): <i>(where applicable)</i>	Date of Birth: <i>(day/month/year)</i>
Current Address:	
Previous Address(es): <i>(include other provinces/territories/countries)</i>	
Names of birth children/youth and/or other children/youth residing in the home <i>(use back of form to add more children/youth)</i>	
Name of Child/Youth: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Name of adult children (19 years of age and older) and/or other adults residing in the home <i>(use back of form to add more children)</i>	
Name: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Relationship to Applicant:	

Names of Birth Children and/or Other Children/Youth Residing in the Home <i>(add more lines as required)</i>	
Name of Child/Youth: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Name of Child/Youth: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Name of Child/Youth: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Name of Child/Youth: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>

Names of Adult children (19 years of age or older) and/or Other Adults Residing in the Home <i>(add more lines as required)</i>	
Name: <i>(and aliases)</i> Relationship to Applicant:	Date of Birth: <i>(day/month/year)</i>
Name: <i>(and aliases)</i> Relationship to Applicant:	Date of Birth: <i>(day/month/year)</i>
Name: <i>(and aliases)</i> Relationship to Applicant:	Date of Birth: <i>(day/month/year)</i>
Name: <i>(and aliases)</i> Relationship to Applicant:	Date of Birth: <i>(day/month/year)</i>

☐ **I am applying to become a Foster Parent** to a child/youth. I need to know about any record of my being involved with Child Protective Services in any way that has caused a child to be in need of protection.

In the past five years I have resided in _____ (City/Province or Territory)(add lines as required)

I have previously lived in the following jurisdictions (Provinces/Territories) during the following time periods:

Signature of Applicant:

☐ **I reside with someone who is applying to become a Foster Parent** to a child/youth. I need to know about any record of my being involved with Child Protective Services in any way that has caused a child to be in need of protection.

In the past five years I have resided in _____ (City/Province or Territory)(add lines as required)

I have previously lived in the following jurisdictions (Provinces/Territories) during the following time periods:

Signature of Applicant:

For Office Use Only

Using the Names and Birthdates Provided:

☐ As of today I find **NO** Child Protection Services record in _____ (province/territory) indicating that the applicant might have caused a child to be deemed in need of protection.

☐ There **IS** a Child Protection Services record in _____ (province/territory) indicating that the applicant might have caused a child to be deemed in need of protection.

Summary of Involvement

Child and Family Services

Section 7 - Placement Services

Form

Child Protection Record Check Started: (day/month/year)	Child Protection Record Check Completed: (day/month/year)
Name of person who completed the Child Protection Record Check:	
_____	_____
(signature)	(please print)

Date: (day/month/year)	Health and Social Services Authority:
	Address:
	Phone:
	Fax:

FOSTER PARENT REFERENCE

Foster Parent Applicant(s) Information:

Name of Applicant:

Community:

Name of Applicant:

Community:

Reference Information:

Name:

Telephone Numbers (home):

(Cell):

How long have you known the applicant(s)?

Relationship to Applicant:

Home Address:

Mailing address (if different):

Questions – Please answer all questions as fully as possible

In your opinion, would the applicant(s) make good foster parent(s)? Please explain your answer.

(E.g., “Yes, I think they would make good foster parents because...” or “No, I don’t think they would because...”)

Please describe the type of child that the applicant(s) would be able to care for effectively. Please explain your answer.

(E.g., “I think that the applicant would be able to care for a child with disabilities because she has a brother who needs a wheel chair.”)

Please describe the type of child that the applicant(s) would NOT be able to care for effectively. Please explain your answer.

(E.g., "I think that the applicants would not be able to care for children with behaviour problems because they both get easily frustrated.")

Please describe the number of children you think the applicant(s) would be able to care for at one time.

(Please consider that the children being placed may have behavioural and/or developmental challenges.)

If you had children and they needed to be looked after by someone other than you, would you feel comfortable with the applicant(s) caring for your children? Please explain your answer.

Reference Signature

Date

Consent for Release/Receipt of Information

I, _____ of, _____
(print full name of person) (address)

hereby consent to

(name of agency/department)

- ☐ Receiving
☐ Releasing

the following information: _____
(name specific information wanted)

found in the files of, _____ born on: _____
(name of person) (DD/MM/YEAR)

to the _____, the _____ office
(Name of Band/Organization) (Name of community)

(Signature)

(Witness)

Dated this _____ day of _____, 20____.

(If other than the client, state relationship to the client)