



# SOUTHERN UTE INDIAN TRIBE

## Foster Care Inquiry

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Interested in:

- ☐ Kinship Care (relative of child)
- ☐ Long-term Foster Care
- ☐ Short-term Emergency Care (from 1 to 60 days)
- ☐ Guardianship
- ☐ Adoption
- ☐ Not sure (would like more information)

Name of child, if child specific: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Additional Information:

---

---

---

---

---

---

*Return Form to: Tara Reeves, Foster Care Coordinator*

*Southern Ute Indian Tribe Division of Social Services*

*P.O. Box 737 MS #40, Ignacio, CO. 81137*

*Phone: (970) 563-0209 Fax: (970) 563-0334*