

EBCI Public Health and Human Services

Department of Human Services

43 John Crowe Hill Road, Cherokee, NC 28719

(828) 554-6180 or (828) 497-7460



Caregivers Assistance Fund Application

Qualification Criteria:

- 1. Must be a licensed foster or kinship home through the EBCI Family Safety Program; and
- 2. Must be currently caring for or recently taken placement of a child in the custody of the Family Safety Program, or caring for a child placed through the ICWA team of the Family Safety Program, or caring for a child placed in a Family Safety licensed home through a county DSS; and
- 3. Child being cared for must have a note from a doctor, public health nurse, or other public health official verifying a COVID-19 positive test; and
- 4. The foster or kinship home must commit to stay with the child until the child is released from quarantine by a doctor, public health nurse, or other public health official (a note will be required).

Complete the following information

Foster/Kinship Home Information:

Name of Foster/Kinship Parent(s)	First	Middle	Last
Foster/Kinship License Number			
Foster/Kinship License Expiration Date			

Child(ren) Information:

Name of Child(ren) Placed	First	Middle	Last

Date Placed in Home			
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COVID Test Information:

Date of COVID Positive Test <i>(if more than one child place child's initials next to date)</i>			
Where was the test performed?			
Name of provider, public health nurse, or other public health official confirming positive test			

Please provide the note from the doctor, public health nurse, or other public health official to Sasha Jumper (sashjump@nc-chokeee.com) 359-1554 or Nicolas Squirrell (nicosqui@nc-chokeee.com) 359-1563.

As the foster/kinship placement for the above child(ren) I agree to stay home with the child until they have been released from their quarantine by their doctor, a public health nurse, or other public health official. I understand that failure to do so will result in loss of the Caregiver Assistance Funding.

Foster/Kinship Parent

Foster/Kinship Parent

This application has been reviewed and the applicant is a licensed foster/kinship parent through the EBCI Family Safety Program and the child(ren) placed in the home have tested positive for COVID-19 and are required to quarantine.

Family Safety Worker (Print Name)

Family Safety Worker (Signature)