

## Steps for Correctly Documenting ICWA

1. When an Access Report comes in on any family, there is a text box at the bottom of the Narrative tab that needs to be completed. Select the appropriate radio button and enter text for the 'Information that the child(ren) may have American Indian heritage, including names of the tribe(s) if known' section.

The screenshot shows the eWiSACWIS web application interface. The browser address bar displays "https://appst.dhfs.state.wi.us - Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The application header includes the logo "eWiSACWIS" and navigation links for "TM", "Print", "Spell Check", and "Help".

The main content area is titled "Access Information" and contains the following fields:

- Report Name: (empty)
- Worker: Cake, Caitlin
- Access Report Type: CPS Report (dropdown menu)
- Date/Time Report Received: 8/5/09 1:19 PM
- R/T: (empty)
- ID: 8001792

Below the "Access Information" section are several tabs: "Narrative", "Participants", "Allegation", "Allegation Narr", "Prior Involvement", and "Decision". The "Narrative" tab is currently selected.

The "Narrative" tab contains the following sections:

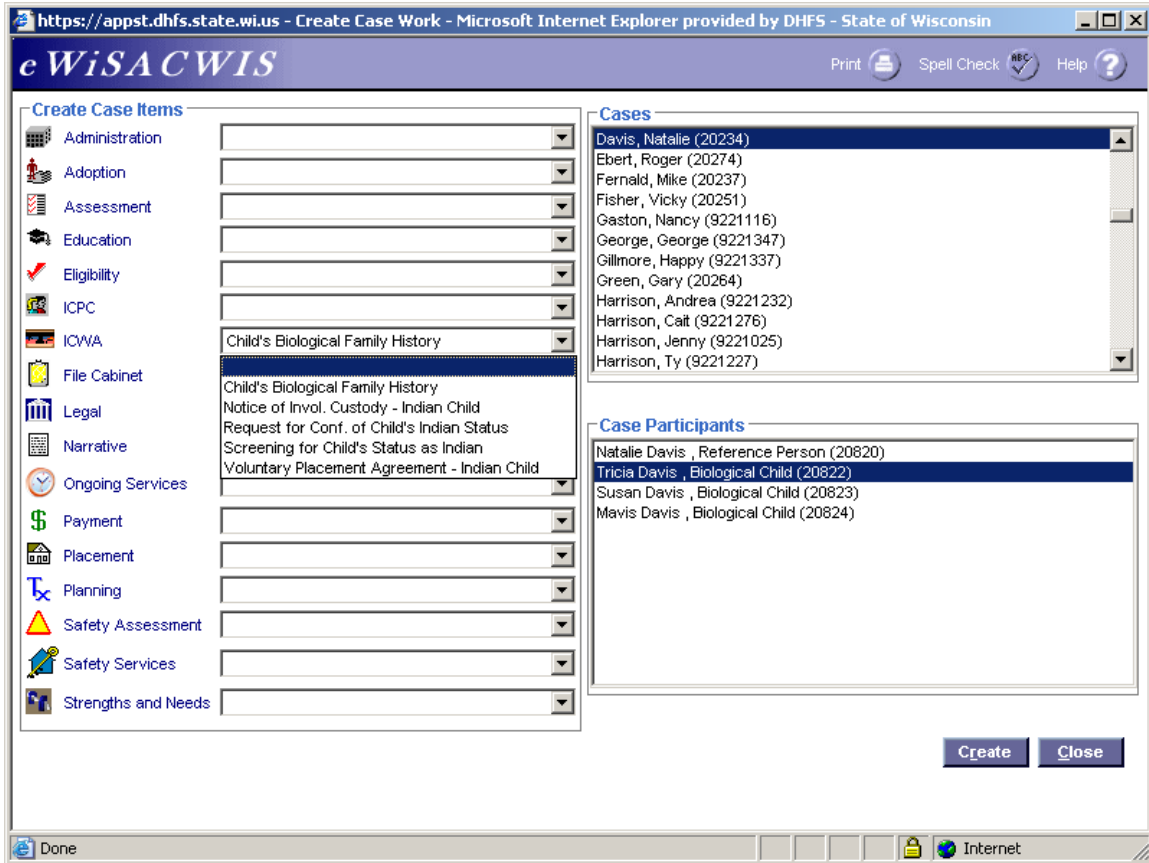
- "Document names and contact information of other people with information regarding the child or family." with a text box containing "Teacher-Mrs. Smith 608-222-2222".
- "Information that the child(ren) may have American Indian heritage, including names of tribe(s) if known." with radio buttons for "Yes" (selected), "No", and "Unknown". Below this is a text box containing "The reporter stated that the child is a member of the Ho-Chunk Nation".
- "Directions to House." with an empty text box.

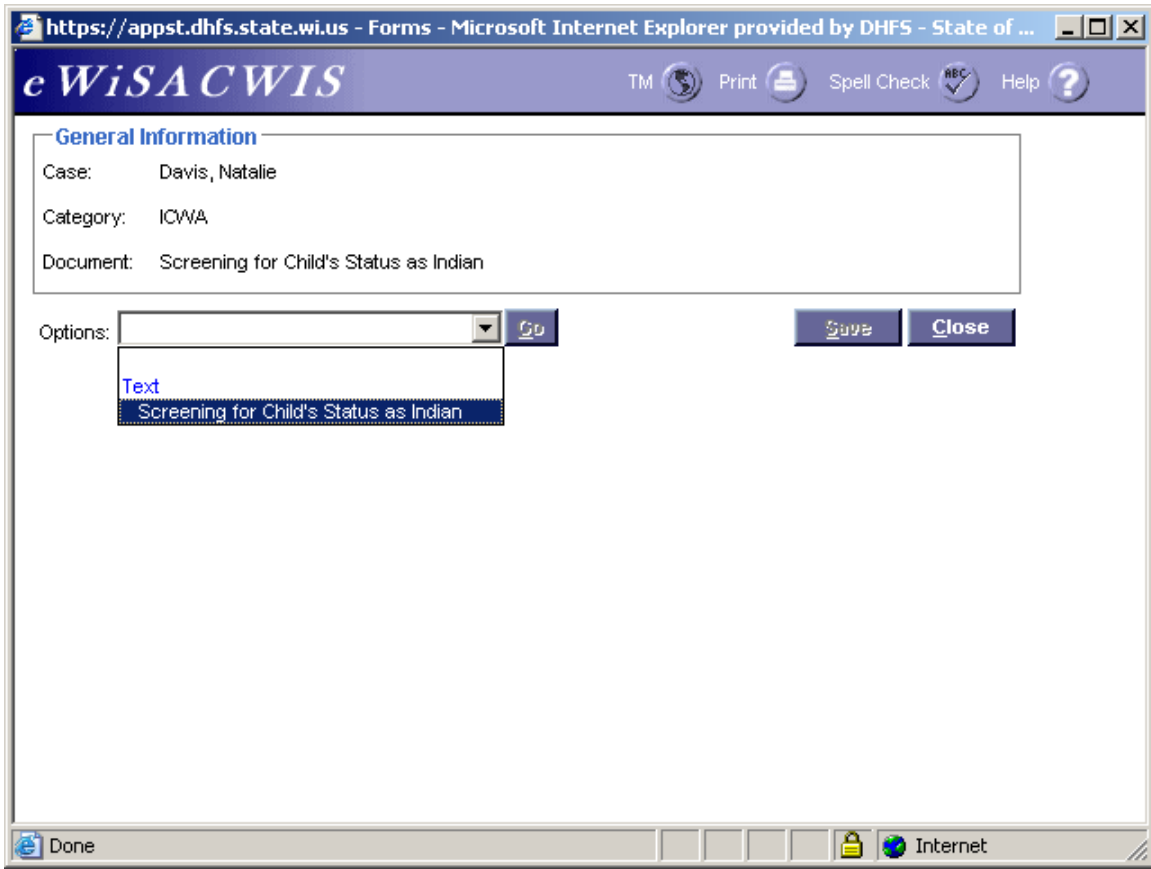
At the bottom of the "Narrative" section, there is an "Options:" dropdown menu and a "Go" button. To the right are "Save" and "Close" buttons.

The browser status bar at the bottom shows "Done" and "Internet".

2. A Screening for Child's Status as Indian must be completed for every child during the initial assessment process. This is to determine whether or not ICWA applies.

Create> Case Work> ICWA> Screening for Child's Status as Indian.





Launch the template by selecting Screening for Child's Status as Indian from the Options drop-down and clicking Go. Complete all necessary information and save.

**SCREENING FOR CHILD'S STATUS AS INDIAN**

Date (mm/dd/yyyy) 08/05/2009	Name – Child Tricia Davis	Birthdate (mm/dd/yyyy) 08/13/1992
Source(s) of Information Family		Name – Caseworker Caitlin Cake
1. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Is there any information to support that a family member has American Indian or Alaska Native heritage?	
2. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If "Yes", is the name(s) of the Indian band or Indian tribe or Alaska Native Village known? If "Yes", list tribe(s) / band(s) / village(s). Ho-Chunk	
<b>Instruction</b> If the answer to either of the above questions is "Unknown", answer questions No. 3. through No. 7. below. If the answers to questions No. 1. and No. 2. are "No", answer questions No. 8. and No. 9. below.		
3. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Has any member of the family ever received services from the Bureau of Indian Affairs? If "Yes", complete items below.	
	<b>Name</b>	<b>Relationship to Child</b>
		<b>Location Where Services Received and Approximate Dates</b>
4. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Has any member of the family ever attended an Indian school? If "Yes", complete items below.	
	<b>Name</b>	<b>Relationship to Child</b>
		<b>Name of School(s) and Approximate Dates Attended</b>
		<b>Location of School(s)</b>
5. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Has any member of the family ever received medical treatment at an Indian health clinic or Indian Health Service agency or hospital as a beneficiary of the Indian Health Service? If "Yes", complete items below.	
	<b>Name</b>	<b>Relationship to Child</b>
		<b>Location Where Treatment Received and Approximate Dates</b>
6. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Has any member of the family ever lived on federal trust land, a reservation, or a rancheria, or in a pueblo or Alaska Native village? If "Yes", complete the items below.	
	<b>Name</b>	<b>Relationship to Child</b>
		<b>Name(s) of Reservation / Village, etc. and Location</b>
		<b>Approximate Date(s)</b>
	<b>Name</b>	<b>Relationship to Child</b>
		<b>Location Where Benefits Received and Approximate Dates</b>
<b>COMMENTS</b>		
8. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Is the child adopted?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If "Yes", was either of child's biological parents American Indian or an Alaska Native?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If "Yes", is the name(s) of the Indian band or Indian tribe or Alaska Native Village known? If "Yes", list tribe(s) / band(s) / village(s).	
9. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Was either of the child's biological parents adopted as a child?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If "Yes", was either parent of either biological parent (child's biological grandparent) Indian or Alaska Native?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If "Yes", was the parent told what tribe(s) or village(s) their birth parent was affiliated with? If "Yes", list tribe(s) / band(s) / village(s).	
<b>Instructions</b> Complete the child's Biological Family History in accordance with policy.		

Screening for Child's Status as Indian  
DCF-F (CFS-2322) (R. 12/2008)

- If "Yes" is answered to questions No. 1 or 2.
- If "Yes" is answered to a question about American Indian heritage or affiliation in No. 8 or 9.
- OR
- If "Yes" is answered to questions No. 3, 4, 5, 6, or 7 and further interviewing supports the likelihood that a biological family member is American Indian or an Alaska Native.

- If the child is determined to be an Indian, the child's race should be documented as American Indian on the Basic tab of the child's Person Management page.

Click on the child's name on the Participants tab of the Maintain Case page will take you to the child's Person Management page. Select American Indian/Alaskan Native under the child's Race. Enter Native American under the child's Ethnicity. Document the child's primary tribe under Indian Tribe. If the child is a member of a Canadian tribe, pick the Non U.S. value. If the child is not an enrolled member of a tribe or is not eligible for membership, pick Identified/Not Confirmed. If the child's tribe is unknown, pick Unknown, with the expectation that the child's tribe will be identified and the unknown value will be changed. If the child is eligible for membership with another tribe, enter that tribe in the Indian Tribe 2 field. If you have the Tribal Reference #, enter it in the associated text field. Click Save.

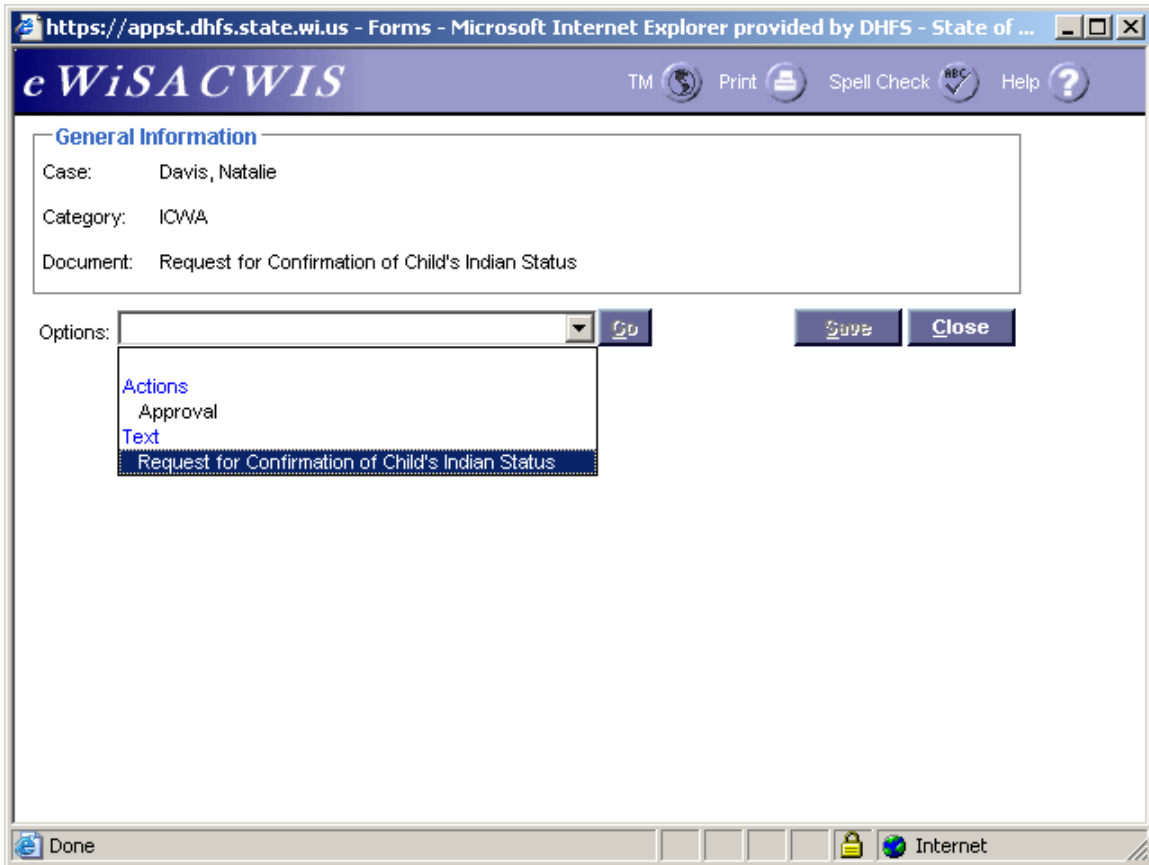
The screenshot shows the 'Person Management' page for 'Davis, Tricia' with ID 20822. The 'Basic' tab is selected. The form contains the following data:

- Name:** ID: 20822, Prefix: (empty), First Name: Tricia, MI: (empty), Last Name: Davis, Suffix: (empty)
- Basic:** Gender: Female, U.S. Citizen: , SSN: 987-98-1651, Birth Date: 08/13/1992, Birth Place: (empty), Death Date: 00/00/0000, Commitment#: -, County Person ID: (empty), HSRS ID: (empty), Wisconsin Resident: Yes, Primary Language: English, MCI ID: (empty), Religion: (empty), Marital Status: (empty), Interpreter Required:
- Race/Ethnicity/Tribal Identification:** Race: American Indian/Alaskan Native, Ethnicity: Native American, Hispanic/Latino: No, Indian Tribe: Ho Chunk, Indian Tribe 2: (empty), Tribal Reference #: (empty)
- Adoption Information:** Child was previously Adopted: Not Determined, Type of Adoption: Details, Age Adopted: (empty), Pre-Adoptive: (empty), Relationship to Child: (empty), Adopted By: (empty), Country of Birth: (empty), Child Receives WI Adoption Assistance:

Buttons for 'Save' and 'Close' are visible at the bottom right of the form area.

4. The Request for Confirmation of Child's Indian Status and the Child's Biological Family History need to be completed and sent to the tribe along with the Screening. The Request for Confirmation of Child's Indian Status page is associated with an approval. Please send the information for supervisory approval once the template has been completed.

Create> Case Work> ICWA> Request for Confirmation of Child's Indian Status.



Launch the template and complete all necessary information.

**REQUEST FOR CONFIRMATION OF CHILD'S INDIAN STATUS**

TO: ICWA Child and Family Services Ho-Chunk Nation Division of Social Services Black River Falls, WI 54615	Date of Request (mm/dd/yyyy):	
	eWISACWIS Case Number:	20234

ATTN: Tribal ICWA Agent

<b>Child</b>		
Name - Child (Last, First, MI) Davis, Tricia	Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Birthdate 08/13/1992
Birthplace		

Our agency is involved with the family of the above-named child. Review the attached information regarding the child, and notify us as soon as possible as to whether he is a member of the tribe or the biological child of a member of the tribe and eligible for membership. The following documents are attached.

- Screening for Child's Status as Indian
- Child's Biological Family History Chart

- Yes  No An Involuntary Child Custody Proceeding has been initiated.
- Notice of Involuntary Child Custody Proceeding Involving Indian Child attached.

Your immediate attention and response to this matter is greatly appreciated. Since this child's legal status in regard to the Indian Child Welfare Act is uncertain, we are unable to properly plan for the child in the absence of the requested information.

Our agency is involved with the family of the above-named child. Review the attached information regarding the child, and notify us as soon as possible as to whether he is a member of the tribe or the biological child of a member of the tribe and eligible for membership. The following documents are attached.

- Screening for Child's Status as Indian
- Child's Biological Family History Chart

- Yes  No An Involuntary Child Custody Proceeding has been initiated.
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Your immediate attention and response to this matter is greatly appreciated. Since this child's legal status in regard to the Indian Child Welfare Act is uncertain, we are unable to properly plan for the child in the absence of the requested information.

**Send Confirmation / Information to:**

Name - Agency County Department of Human Services		Name - Worker Caitlin Cake	
Address - Agency (Street, City, State, Zip Code) 201 East Washington Madison WI 53703		Telephone Number (123)456-7890	Fax Number (123)456-7899
E-Mail Address ewuat25@dhfs.state.wi.us			

Request for Confirmation of Child's Indian Status  
CFS-2016 (08/2004)

Create> Case Work> ICWA> Child's Biological Family History

https://appst.dhfs.state.wi.us - Forms - Microsoft Internet Explorer provided by DHFS - State of ...

**eWiSACWIS** TM Print Spell Check Help

**General Information**

Case: Davis, Natalie

Category: ICWA

Document: Child's Biological Family History

Options: Child's Biological Family History

Text

Child's Biological Family History

Done Internet

Launch the template and fill out all known information.

CHILD'S BIOLOGICAL FAMILY HISTORY		
Name - Caseworker <b>Caitlin Calk</b>	Name - Agency <b>County Department of Human Services</b>	Date Completed <b>09/05/2009</b>
List Information Source(s) and Their Relationship to Child		
NOTE: Document all names an individual is known by for each family member. Always document maiden names of female family members, if known.		
CHILD		
Name: <b>Tricia Davis</b>		
Birthdate: <b>08/13/1992</b>		
Place of Birth:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Native American?		
Tribes(s) / Clan(s): <b>Ho-Chunk Bear Clan</b>		
MOTHER		
Name: <b>Natalie Davis</b>		
Maiden Name: <b>Miller</b>		
Other Names:		
Birthdate: <b>06/30/1970</b>		
Place of Birth:		
Date of Death:		
Place of Death:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Native American?		
Tribes(s) / Clan(s): <b>Ho-Chunk Bear Clan</b>		
FATHER		
Name(s): <b>Charles Davis Charles Davis</b>		
Birthdate: <b>05/15/1959</b>		
Place of Birth:		
Date of Death:		
Place of Death:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Native American?		
Tribes(s) / Clan(s): <b>Ho-Chunk Bear Clan</b>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name on Birth Certificate?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If No, was paternity legally established or has Father / Tribe acknowledged paternity?		

MATERNAL GRANDMOTHER	MATERNAL GRANDFATHER	PATERNAL GRANDMOTHER	PATERNAL GRANDFATHER
Name: <b>Hope Yellow Thunder Miller</b>	Name: <b>Larry Miller</b>	Name: <b>Luann Smith</b>	Name: <b>Michael Davis</b>
Birthdate: <b>06/07/1940</b>	Birthdate: <b>05/05/1941</b>	Birthdate: <b>09/09/1936</b>	Birthdate: <b>10/10/1936</b>
Place of Birth:	Place of Birth:	Place of Birth:	Place of Birth:
Date of Death:	Date of Death:	Date of Death:	Date of Death:
Place of Death:	Place of Death:	Place of Death:	Place of Death:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Native American?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Native American?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Native American?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Native American?
Tribes(s) / Clan(s): <b>Ho-Chunk</b>	Tribes(s) / Clan(s): <b>Ho-Chunk</b>	Tribes(s) / Clan(s): <b>Ho-Chunk</b>	Tribes(s) / Clan(s): <b>Ho-Chunk</b>
MATERIAL GREAT GRANDMOTHER			
Name: <b>Nancy Adams</b>	Name: <b>Helen Peters</b>	Name: <b>Loretta Dole</b>	Name: <b>Amy Dunn</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Native American?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Native American?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Native American?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Native American?
Tribes(s) / Clan(s): <b>Ho-Chunk</b>	Tribes(s) / Clan(s): <b>Ho-Chunk</b>	Tribes(s) / Clan(s): <b>Ho-Chunk</b>	Tribes(s) / Clan(s): <b>Ho-Chunk</b>
MATERIAL GREAT GRANDFATHER			
Name: <b>George Davids</b>	Name: <b>Thomas Adams</b>	Name: <b>Paul Smith</b>	Name: <b>Arnold Davis</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Native American?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Native American?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Native American?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Native American?
Tribes(s) / Clan(s): <b>Ho-Chunk</b>	Tribes(s) / Clan(s): <b>Ho-Chunk</b>	Tribes(s) / Clan(s): <b>Ho-Chunk</b>	Tribes(s) / Clan(s): <b>Ho-Chunk</b>

5. In any involuntary child custody proceeding involving an Indian Child, the Notice of Involuntary Child Custody Proceeding Involving an Indian Child template must be sent to the tribe, or the BIA if the tribe is unknown. An approval is tied to this page. Included with this notice is a notification of rights under ICWA. Please send the completed template and page to the supervisor for final approval Note: This notice must be sent to the tribe or BIA via registered mail. THIS FORM IS REGARDED AS THE OFFICIAL NOTICE TO THE TRIBE, PARENTS OR INDIAN CUSTODIAN UNDER THE ICWA.

Create> Case Work> ICWA> Notice of Invol. Custody - Indian Child

The screenshot shows a web browser window with the address bar displaying "https://appst.dhfs.state.wi.us - Forms - Microsoft Internet Explorer provided by DHFS - State of ...". The page title is "eWiSACWIS". The navigation bar includes "TM", "Print", "Spell Check", and "Help". The main content area is titled "General Information" and contains the following fields:

- Case: Davis, Natalie
- Category: ICWA
- Document: Notice of Involuntary Child Custody Proceeding Involving an Indian Child

Below the "General Information" section, there is an "Options:" label followed by a dropdown menu. The dropdown menu is open, showing the following options:

- Actions
- Approval
- Text
- Notice of Involuntary Child Custody Proceeding Involving an Indian Child (highlighted)

To the right of the dropdown menu are three buttons: "Go", "Save", and "Close". The status bar at the bottom of the browser window shows "Done" and "Internet".

Launch the template and fill out all necessary information

**NOTICE OF INVOLUNTARY CHILD CUSTODY PROCEEDING  
INVOLVING AN INDIAN CHILD**

TO: Department of Human Services Ho-Chunk Tribe Black River Falls, WI	Notice To: <input checked="" type="checkbox"/> The child's parent(s) <input checked="" type="checkbox"/> The child's tribe <input type="checkbox"/> The child's custodian(s) <input type="checkbox"/> Bureau of Indian Affairs
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The Indian Child Welfare Act requires that you be notified of the upcoming custody hearing concerning the child named below. Information about the hearing is also contained in this form. Your rights regarding these proceedings are explained in an attachment to this form.

**THIS NOTICE CONCERNS:**

<b>CHILD INFORMATION</b>		
Name (Last, First, MI) Davis, Tricia	Birthdate 08/13/1992	Birthplace [REDACTED]
Name - Tribe or Band or Alaska Native village of which child is reported to be a member or eligible for membership Ho-Chunk		

<b>MOTHER INFORMATION</b>		
Current Name (Last, First, MI) Davis, Natalie	Maiden Name [REDACTED]	Birthdate 06/30/1970
Other Names Known By [REDACTED]		
Tribal Affiliation(s) Ho-Chunk		

<b>FATHER INFORMATION</b>	
Name (Last, First, MI) Davis, Charles	Birthdate 05/15/1959
Other Names Known By [REDACTED]	
Tribal Affiliation(s) Ho-Chunk	

Tribal Affiliation(s) Ho-Chunk
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Additional family history information is attached.
<input checked="" type="checkbox"/> <b>THE CHILD NAMED ABOVE IS CURRENTLY IN THE CUSTODY OF THE PARENT OR INDIAN CUSTODIAN.</b>
<input type="checkbox"/> <b>THIS IS TO ADVISE YOU THAT THE CHILD NAMED ABOVE HAS BEEN TEMPORARILY PLACED IN THE CUSTODY OF THE AGENCY NAMED BELOW.</b>

Name - Agency [REDACTED]	Address (Street, City, State, Zip Code) [REDACTED]
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<b>HEARING INFORMATION</b>		
Date of Hearing (mm/dd/yyyy) 05/20/2009	Time of Hearing 8:30 AM	Type of Hearing Plea
Circuit Court [REDACTED]		

Notice of Involuntary Child Custody Proceeding  
CFS-2017 (08/2004)

Court Address (Street, City, State, Zip Code) [REDACTED]	
<b>IF YOU HAVE ANY QUESTIONS REGARDING THIS HEARING OR YOUR RIGHTS, CONTACT:</b>	
Name - Caseworker Caitlin Cake	Telephone Number (123)456-7890
Name - Agency [REDACTED]	Address (Street, City, State, Zip Code) [REDACTED]
<b>SIGNATURE</b> - Caseworker	Date Signed

**Note to Sender:** Federal law requires that this notice be sent by registered mail with return receipt requested.

6. The Out of Home Safety Plan documents actions related to the notice and placement preference requirements of ICWA and must be completed to be in compliance with ICWA.

https://appst.dhfs.state.wi.us - Out of Home Safety and Planning - Microsoft Internet Explorer provided by DHFS - State of Wisc

**eWiSACWIS** TM Print Spell Check Help

**Plan Information**

Case Name: Natalie Davis      Case ID: 20234      Effective Date:  
 Child Name: Tricia Davis      Worker: Caitlin Cake      Status: Pending

**OHSP Jurisdiction**    **OHSP Placement Safety**

Family Relatives/Friends are suitable and available.

**ICWA Placement Provider Options**

Child is an American Indian child as defined by the Indian Child Welfare Act.

Tribal Representative Notified.      Date Notified by Mail: 08/03/2009

	Preferred	Available	Selected
Member of the Indian child's extended family	Grandma	<input checked="" type="checkbox"/>	Grandma
Foster Home licensed, approved or specified by Indian Child's Tribe	Turner Foster Home	<input checked="" type="checkbox"/>	
Indian Foster Home licensed or approved by non-Indian authority	St. Germaine Foster Home	<input type="checkbox"/>	
Group Home approved or operated by Indian Tribe/Organization		<input type="checkbox"/>	
Institution for children approved or operated by Indian Tribe		<input type="checkbox"/>	
Other		<input type="checkbox"/>	

Describe the action taken to comply with the Indian Child Welfare Act.  
 Found a grandparent who was willing to take the child. The grandmother lives on the reservation

Options: [Dropdown] [Go]      [Save] [Close]

Done      Internet

- If a Child is placed on a Voluntary Placement Agreement, the specific ICWA template must be completed.

Create> Case Work> ICWA> Voluntary Placement Agreement-Indian Child

**Agreement Information**

Case Participant: Davis, Tricia  
 Agreement Type: VPA-Indian Child  
 Service Category: Foster Home - Relative  
 Service Type: Foster Home - Relative 0-4 years old  
 Adoption Subsidy Type:  
 Provider Name: Abelman, Andrea (9221080) [Search](#)  
 Subsequent Guardian:  
 Agreement Concluded

Date of Agreement: 08/06/2009  
 Estimated End Date: 00/00/0000  
 Agreement End Date: 00/00/0000  
**Agreement Amount:** \$0.00  
 Effective Date of Amend: 00/00/0000  
 Additional \$ per month: \$0.00  
 Amended Amount:

**Parent(s)**

Parent 1:  
 Parent 2:

**Original Agreement Information**

Physical:  
 Emotional:  
 Behavioral:

Child Specific Rate: \$0.00  
 Child Basic Rate: \$0.00  
 Exceptional Amounts: \$0.00

Options: Text [Go](#)

[Save](#) [Close](#)

Done Internet

Launch the template and fill out all necessary information. Have the parent, the department and the child (if over age 12) sign the document. A circuit court judge must then certify the Voluntary Placement Agreement for an Indian child.

**Voluntary Placement Agreement For An Indian Child**

(This agreement must be certified by a court of competent jurisdiction.)

**Use of form:** Completion of this form is voluntary. The form may be used by child welfare agencies voluntarily placing an Indian child in a foster home or group home to comply with the requirements of the Wisconsin Chapter 48, the Children's Code and with the federal Indian Child Welfare Act. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].  
**Note: Do not use this form if the child is less than 11 days old.**

I hereby request the		Department of Children and Families / County Department		to place my child	
Tricia Davis				born on 08/13/1992	
(First MI Last, Suffix)				(mm/dd/yyyy)	
<input type="checkbox"/> treatment foster home,		<input type="checkbox"/> group home, pursuant to s.48.63(1), Wis. Stats.,		<input checked="" type="checkbox"/> group home, pursuant to s.48.625(1m), Wis. Stats.	
Placement dates are from		08/06/2009	to		
(mm/dd/yyyy)		(mm/dd/yyyy)		(mm/dd/yyyy)	

I understand that by signing this document I grant placement and care responsibility of the child to the department listed above.

I understand that the child's placement in a licensed foster home or treatment foster home may not exceed 180 days from the date of placement. I understand that the child's placement in a group home under s.48.63(1), Wis. Stats., may not exceed 15 days from the date of placement. I understand that the child's placement in a group home under s.48.625(1m), Wis. Stats., may not exceed 180 days from the date of placement.

I understand that I may terminate this agreement at any time and that the child age 12 years of age or older may terminate this agreement relative to his or her placement.

I understand that a permanency plan, pursuant to s.48.63(4) and 48.63(5)(c), Wis. Stats., will be prepared and I will be involved in the development of that plan.

I agree to keep the department informed of any changes in my circumstances, including address, employment and earnings, marital status, health, access to health insurance and plans relative to the child.

I understand that I may be held financially responsible for all, or a portion of, the placement costs that may incur during the child's stay in the foster home, treatment foster home, or group home placement. I agree to cooperate with the department in determining allocation of placement costs for the child. If determined to be financially responsible, I agree to contribute

I hereby agree that the department may give consent for medical evaluations, necessary inoculations, immunizations, or routine medical or health care or treatment for the child. I hereby agree that the department may consent to other necessary medical or health care as prescribed, including but not limited to major medical, psychiatric and surgical treatment for the child if I cannot be located to give my consent.

I acknowledge that the child is at least 11 days old.

I acknowledge that pursuant to the requirements of the Indian Child Welfare Act of 1978, 25 U.S.C. s.1913, the terms and consequences of this agreement were fully explained to me in English or were interpreted into a language I understand and that I fully understand those terms and consequences.

	<b>SIGNATURE – Parent / Guardian / Indian Custodian</b>		<b>Date Signed</b>	
	<b>SIGNATURE – Parent / Guardian / Indian Custodian</b>		<b>Date Signed</b>	
	<b>SIGNATURE – Department Representative</b>		<b>Date Signed</b>	
	<b>SIGNATURE – Child (if age 12 or older)</b>		<b>Date Signed</b>	

Voluntary Placement Agreement For An Indian Child  
 DCF-F (CFS-2425) (R. 02/2009)

**CERTIFICATE OF JUDGE**

I certify that I am the judge of the Circuit Court of \_\_\_\_\_ County, State of Wisconsin, a court of record.  
 The above named parent(s) / guardian / Indian Custodian appeared before me on this date. I questioned the parent(s) / guardian / Indian Custodian and found the terms and consequences of this agreement were fully explained to him / her in English or were interpreted into a language the parent / guardian / Indian Custodian understands, and that the parent(s) / guardian / Indian Custodian fully understood the terms and consequences of this agreement.