

SCREENING FOR CHILD'S STATUS AS INDIAN

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Date (mm/dd/yyyy)	Name – Child	Birthdate (mm/dd/yyyy)
Source(s) of Information	Name – Caseworker	Name – Updated By

Yes No Unknown
 Is there any information to support that a family member has American Indian or Alaska Native heritage?

Yes No 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).

Yes No Unknown
 Is the child adopted?

Yes No Unknown
 If “Yes”, was either of child’s biological parents American Indian or an Alaska Native?

Yes No 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).

Yes No Unknown
 Was either of the child’s biological parents adopted as a child?

Yes No Unknown
 If “Yes”, was either parent of either biological parent (child’s biological grandparent) Indian or Alaska Native?

Yes No 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).

Instruction

It is important to identify if a child is an Indian child because certain procedures must be followed regarding the case. The following questions will assist you in determining whether a child may be subject to the Indian Child Welfare (ICWA).

1. Yes No Unknown
 Has any member of the family ever received services from the Bureau of Indian Affairs? If “Yes”, complete items below.

Name	Relationship to Child	Location Where Services Received and Approximate Dates

2. Yes No Unknown
 Has any member of the family ever attended an Indian school? If “Yes”, complete items below.

Name	Relationship to Child	Name of School(s) and Approximate Dates Attended	Location of School(s)

3. Yes No 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.

Name	Relationship to Child	Location Where Treatment Received and Approximate Dates

4. Yes No 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.

Name	Relationship to Child	Name(s) of Reservation / Village, etc. and Location	Approximate Date(s)

5. Yes No Unknown
 Has any member of the family ever received educational benefits from the Bureau of Indian Affairs? If “Yes”, complete items below.

Name	Relationship to Child	Location Where Benefits Received and Approximate Dates

COMMENTS

Instruction

Complete the child’s Biological Family History in accordance with policy.