**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      |
| [ ]  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 the 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 Act (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 Schools** |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
| 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)** |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
| 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**      |
| **Instructions** |
| Complete the child’s Biological Family History in accordance with policy. |