**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].

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| 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** | | | |
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| 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** | | | |
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| 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** | | | |
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| **COMMENTS** | | | | | | | | | | | | | | | | |
| **Instructions** | | | | | | | | | | | | | | | | |
| Complete the child’s Biological Family History in accordance with policy. | | | | | | | | | | | | | | | | |