

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
INDIAN CHILD WELFARE PROGRAM REFERRAL

I. CHILD

Name	Birth date	Sex	Social Security number
Birth place	City	State	
Tribal affiliation		Roll number	

Race - Indicate primary and secondary

Primary - Mark only one.

- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Unable to determine

Secondary - Mark as many as apply.

- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Unable to determine

Hispanic Origin: Yes No Unable to determine

Has child been diagnosed as having a disability as defined by AFCARS? Yes No
Indicate the diagnosed disability.

- Developmental disability
- Physical disability
- Visually or hearing impaired
- Other medically diagnosed condition requiring special care
- Emotionally disturbed

Has child ever been adopted? Yes No If yes, what age? _____

County of placement: _____ Foster care placement date: _____

- Child's case plan goal:
- Return home
 - Place for adoption
 - Place with relatives
 - Independent living
 - Long-term foster care

Estimated completion date: _____

II. REMOVAL INFORMATION

Date of **first** removal from home: _____

Date of **latest** removal from home: _____

Number of removals from home: _____

Manner of removal from home: Protective custody Court order Voluntary custody

Conditions of removal from home. Mark as many as apply:

- Physical abuse
- Alcohol abuse (parent)
- Drug abuse (child)
- Death of parents
- Relinquishment
- Caretaker's inability to cope due to illness or other reasons
- Sexual abuse
- Alcohol abuse (child)
- Abandonment
- Child's behavior problem
- Incarceration of parent(s)
- Neglect
- Drug abuse (parent)
- Child's disability
- Inadequate housing

III. LEGALS. Attach a copy of court order.

Who has legal custody of this child?

Name			
Mailing address	City	State	Zip
Type of adjudication	Date of order	Scheduled review date	
Court case number	Judge's name		

With whom was the child living at the time of court action?

Name	Relationship to child		
Mailing address	City	State	Zip

Are the mother's parental rights to this child intact? Yes No
 If no, what was the date of termination? _____

Are the father's parental rights to this child intact? Yes No
 If no, what was the date of termination? _____

Date of next scheduled court hearing: _____
 Please submit court order when it is received.

IV. SUPPORT

Sources of support to child: None Partial Full

Social Security claim no.: _____ Wage earner: _____

Does child receive benefits? Yes No If yes, indicate types and amounts.
 SS \$ _____ SSI \$ _____ VA \$ _____ RR \$ _____
 Other, specify type and amount: _____

Is tribe applying for benefits? Yes No

Other income and resources. Indicate any child support, trust accounts, or other sources of income or resources to the child, the amounts, and names and addresses of contributors: _____

V. FAMILY.

Name of Parent	Ethnicity*	DOB	SS No.	Address (Specify if deceased)	Tribe

*Values = American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or other Pacific Islander; Unable to determine; White

Marital status of parent:

Father: Married Divorced Separated Never married
 Mother: Married Divorced Separated Never married

Caretaker family structure:

Divorced female Divorced male Married couple Separated couple
 Unmarried couple Single female Single male Unable to determine

Was mother married at the time of the child's birth? Yes No Unable to determine

Blood relatives, including all known to the tribe:

Name	DOB	Relationship to child	Address (Specify if different)	Tribe

VI. FOSTER FAMILY

Foster father name		Social Security number	
Foster mother name		Social Security number	
Address	City	State	Zip
Home phone	Business phone	Amount of foster care payment for this child	
		\$ monthly	\$ daily