INDIAN CHILD WELFARE QUARTERLY AND ANNUAL REPORT (PROPOSED FORM)

Directions: Tribes must only fill out the section(s) (Part A and/or Part B) below that pertains to their tribal program(s).

PART A - INDIAN CHILD WELFARE ACT (ICWA) DATA

ICWA Contract/Grant No. _____

Name of Program _____

1. Do you have any Tribal/State Agreements, i.e. Title IV-E Agreements, etc. involving child welfare/assistance? Yes or No *(Circle One)* Please explain: _____
_____

2. ICWA Notifications	**Q1**	**Q2**	**Q3**	**Q4**	**TOTAL**
A. Total Number Received					
B. Total Number Acted On					
1. Participated in Hearing					
2. Participated in Case Planning					
3. Transferred to Tribal Court					
4. Placement with Relative					
5. Placement in Indian Foster Home					
6. Placement in non-Indian Foster Home					
3. Placement Funding Source	**Q1**	**Q2**	**Q3**	**Q4**	**TOTAL**
A. Title IV-E					
B. BIA Child Assistance					
C. Other, Please specify					

PART B – TRIBAL CHILD ABUSE AND NEGLECT DATA

Tribal Child Abuse and Neglect Data	**Q1**	**Q2**	**Q3**	**Q4**	**TOTAL**
Total Reports/Referrals Received					
Substantiated					
Unsubstantiated					
Sexual Abuse					
Physical Abuse					
Neglect					
Alcohol Involved					
Drugs and/or Inhalants					
Recurring Cases					
Cases of Siblings Involved					
Placements Out of Home					
Petition to Tribal Court					
Referral to Tribal Social Services					
Domestic Violence Involved					

Total Number of Child Protection Workers					

Name of Tribe:	
Fiscal Year:	Date:
Preparer's Signature & Title:	
Preparer's Name (Please Print):	

DRAFT