

COLORADO DEPARTMENT OF HUMAN SERVICES 1575 SHERMAN ST., DENVER, COLORADO 80203-1714 AGENCY LETTER	NUMBER: CW-10-13-P
	CROSS REFERENCE NUMBER:
DIVISION OR OFFICE: Children, Youth and Families	DATE: April 15, 2010
PROGRAM AREA: Child Welfare – CW	DIVISION DIRECTOR: Lloyd D. Malone
TITLE: Indian Child Welfare Act Assessment Form TYPE: P – Procedure	DEPUTY EXECUTIVE DIRECTOR: George Kennedy

Intended Audience: For County Departments, Directors, Administrators, and Caseworkers.

Purpose: The purpose of this agency letter is to communicate the updated American Indian/Alaska Native Indian Child Welfare Act (ICWA) Assessment Form.

Background: The Indian Child Welfare Act (ICWA), Public Law 95-608, 25 U.S.C. sec. 1901, et seq., is a law that applies to state, county and private child welfare agencies. It covers tribal children from all American Indian and Alaska Native tribes listed in the Federal Register. ICWA supports Indian tribes' authority over their members and the well-being of Indian children and families. Section 19-1-126, C.R.S., addresses compliance with ICWA, as does rule section 7.309, et. seq. (12 CCR 2509-4).

Information: The county department must make continuing timely inquiries and notify any tribe and any potential tribal court of jurisdiction that a Native American child is in need of foster care and when filing a petition for termination of the parent-child legal relationship, except in an emergency placement, as required by the Indian Child Welfare Act of 1978. This includes any voluntary or involuntary placement of a Native American child in foster care or upon filing a petition for relinquishment. The Division of Child Welfare ICWA web site can be of assistance in this process. A state/county workgroup has developed the attached ICWA-1 to facilitate notification.

Procedure: County departments of human/social services shall complete form ICWA-1 in an appropriate and timely manner. Instructions for completion of the form are attached as ICWA-1A. The use of this form is permitted by rule section 7.000.6 B, (12 CCR 2509-1), section 26-1-111(2)(e), C.R.S.

Effective Date: Upon receipt.

Supersedes: N/A

Contact: Norman Kirsch norman.kirsch@state.co.us

Telephone: 303-866-5936

Attachments:

- ICWA-1 Assessment Form
- ICWA-1A Assessment Form Instructions

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____		COURT USE ONLY ▲
The People of the State of Colorado In the interest of: _____ Child(ren) and Concerning _____ Respondent(s) _____		
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division _____ Courtroom _____
AMERICAN INDIAN/ALASKA NATIVE INDIAN CHILD WELFARE ACT (ICWA) ASSESSMENT FORM		

This form is part of an ongoing inquiry and should be completed by the caseworker after gathering information from a knowledgeable parent, guardian or family member on behalf of a child whose tribal status is in question. The information should be reviewed and updated periodically throughout the pendency of the case. One form per child must be completed.

Section I: Information about Child

Child's Name	Date of Birth	Place of Birth (City, State, Country)
Is the child a member of a tribe or eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No Does a member of the child's family have AI/AN heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no to both questions, stop here.) <input type="checkbox"/> Not sure (explain)		
Name of Tribe(s)		Enrollment or Membership Number

Section II: General Inquiry

Has the child or any of the child's family members ever lived on an Indian reservation, in an Indian community or in an Alaska Native village? **If so, please provide:**

- 1) Name and location of the reservation/community/village.
- 2) Approximate time that the child or family member lived there, and in the case of a family member.
- 3) Name of the family member and his/her relationship to the child.

Additional sheets attached.

Does the child or a family member receive any tribal payments, such as per capita distribution?

Yes No
 If **Yes**, please explain here:

Please list any other person or agency that might be able to provide information regarding whether the child has American Indian or Alaska Native ancestry.

Section III: Information About Child's Parents and/or Indian Custodian

A. Child's Mother

Mother's Maiden Name	Other Names Mother Known By
Mother's Date of Birth	Mother's Place of Birth
Mother's Current Address:	
Mother's Former Address(es):	
Is the child's mother a member of a tribe or eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)	
Name of Tribe(s)	Enrollment or Membership Number
Please list ALL of the child's mother's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)	
<input type="checkbox"/> Additional sheets attached.	

B. Child's Father

Father's Name	Other Names Father Known By
Father's Date of Birth	Father's Place of Birth
Father's Current Address:	
Father's Former Address(es):	

Is the child's father a member of a tribe or eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)	
Name of Tribe(s)	Enrollment or Membership Number
Please list ALL of the child's father's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)	
<input type="checkbox"/> Additional sheets attached.	

C. Child's Indian Custodian (an Indian person who has legal custody of the child under tribal law or custom, or State law, or to whom temporary physical, care, custody and control of the child was transferred by the child's parent.)

Indian Custodian's Name	Other Names Indian Custodian Known By
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)	
Indian Custodian's Date of Birth	Indian Custodian's Place of Birth
Indian Custodian's Current Address:	
Indian Custodian's Former Address(es):	
Is the child's custodian a member of a tribe or eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)	
Name of Tribe(s)	Enrollment or Membership Number
Please list ALL of the child's custodian's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)	
<input type="checkbox"/> Additional sheets attached.	

Section IV: Information About Child's Maternal (Mother's Side) Grandparents

A. Maternal Grandmother (Child's Mother's Mother)

Maternal Grandmother's Name	Other Names Maternal Grandmother Known By	
Maternal Grandmother's Date of Birth	Maternal Grandmother's Place of Birth	
Maternal Grandmother's Current Address:		
Maternal Grandmother's Former Address(es):		
<p>Is the child's maternal grandmother a member of a tribe or eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)</p>		
Name of Tribe(s)		Enrollment or Membership Number
<p>Please list ALL of the child's maternal grandmother's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)</p> <p><input type="checkbox"/> Additional sheets attached.</p>		

B. Maternal Grandfather (Child's Mother's Father)

Maternal Grandfather's Name	Other Names Maternal Grandfather Known By	
Maternal Grandfather's Date of Birth	Maternal Grandfather's Place of Birth	
Maternal Grandfather's Current Address:		
Maternal Grandfather's Former Address(es):		
<p>Is the child's maternal grandfather a member of a tribe or eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)</p>		

Name of Tribe(s)	Enrollment or Membership Number
Please list ALL of the child's maternal grandfather's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)	
<input type="checkbox"/> Additional sheets attached.	

C. Paternal Grandmother (Child's Father's Mother)

Paternal Grandmother's Name	Other Names Paternal Grandmother Known By
Paternal Grandmother's Date of Birth	Paternal Grandmother's Place of Birth
Paternal Grandmother's Current Address:	
Paternal Grandmother's Former Address(es):	
Is the child's paternal grandmother a member of a tribe or eligible for membership in one or more tribes?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)	
Name of Tribe(s)	Enrollment or Membership Number
Please list ALL of the child's paternal grandmother's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)	
<input type="checkbox"/> Additional sheets attached.	

D. Paternal Grandfather (Child's Father's Father)

Paternal Grandfather's Name	Other Names Paternal Grandfather Known By
Paternal Grandfather's Date of Birth	Paternal Grandfather's Place of Birth
Paternal Grandfather's Current Address:	
Paternal Grandfather's Former Address(es):	

<p>Is the child's paternal grandfather a member of a tribe or eligible for membership in one or more tribes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)</p>	
Name of Tribe(s)	Enrollment or Membership Number
<p>Please list ALL of the child's paternal grandfather's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)</p> <p><input type="checkbox"/> Additional sheets attached.</p>	

E. Maternal Great-Grandmother (Child's Mother's Grandmother)

Maternal Great-Grandmother's Name	Other Names Maternal Great-Grandmother Known By
Maternal Great-Grandmother's Date of Birth	Maternal Great-Grandmother's Place of Birth
Maternal Great-Grandmother's Current Address:	
Maternal Great-Grandmother's Former Address(es):	
Is the child's maternal great-grandmother a member of a tribe or eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)	
Name of Tribe(s)	Enrollment or Membership Number
Please list ALL of the child's maternal great-grandmother's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)	
<input type="checkbox"/> Additional sheets attached.	

F. Maternal Great-Grandfather (Child's Mother's Grandfather)

Maternal Great-Grandfather's Name	Other Names Maternal Great-Grandfather Known By
Maternal Great-Grandfather's Date of Birth	Maternal Great-Grandfather's Place of Birth
Maternal Great-Grandfather's Current Address:	
Maternal Great-Grandfather's Former Address(es):	
Is the child's maternal great-grandfather a member of a tribe or eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)	
Name of Tribe(s)	Enrollment or Membership Number
Please list ALL of the child's maternal great-grandfather's tribal ancestry, regardless of	

membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)

Additional sheets attached.

G. Paternal Great-Grandmother (Child's Father's Grandmother)

Paternal Great-Grandmother's Name	Other Names Paternal Great-Grandmother Known By
Paternal Great-Grandmother's Date of Birth	Paternal Great-Grandmother's Place of Birth
Paternal Great-Grandmother's Current Address:	
Paternal Great-Grandmother's Former Address(es):	
Is the child's paternal great-grandmother a member of a tribe or eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)	
Name of Tribe(s)	Enrollment or Membership Number
Please list ALL of the child's paternal great-grandmother's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)	
<input type="checkbox"/> Additional sheets attached.	

H. Paternal Great-Grandfather (Child's Father's Grandfather)

Paternal Great-Grandfather's Name	Other Names Paternal Great-Grandfather Known By
Paternal Great-Grandfather's Date of Birth	Paternal Great-Grandfather's Place of Birth
Paternal Great-Grandfather's Current Address:	
Paternal Great-Grandfather's Former Address(es):	
Is the child's paternal great-grandfather a member of a tribe or eligible for membership in one or	

more tribes?
 Yes No Not sure (explain)

Name of Tribe(s)	Enrollment or Membership Number
Please list ALL of the child's paternal great-grandfather's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)	
<input type="checkbox"/> Additional sheets attached.	

 Signature of person who provided information initially completed

 Relationship to child

 Date

 Printed name of person who provided information

 Signature of person who collected information initially collected

 Title

 Date

 Printed name of person who provided information

Dates on which form reviewed for updated information:

 Printed name of person reviewing form reviewed

 Title

 Date

 Printed name of person reviewing form reviewed

 Title

 Date

 Printed name of person reviewing form reviewed

 Title

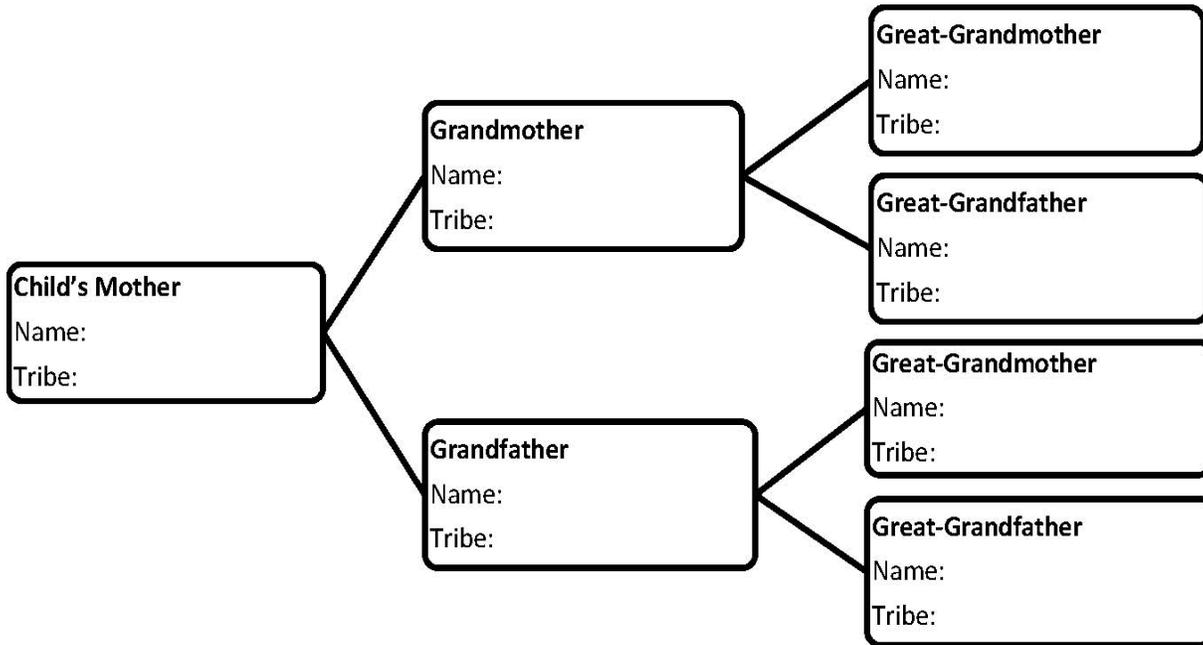
 Date

**Instructions Regarding Completion and Review of
American Indian/Alaska Native Indian Child Welfare Act Assessment Form**

Caseworker's Name:	
Court Case Number:	
Name of Biological Mother:	Name of Biological Father:
Date form initially completed:	
Please meet with family members or other persons who may have information regarding the child's tribal status and ancestry.	
Return the completed form to the County/City Attorney's Office within five days and retain a copy in the case record.	

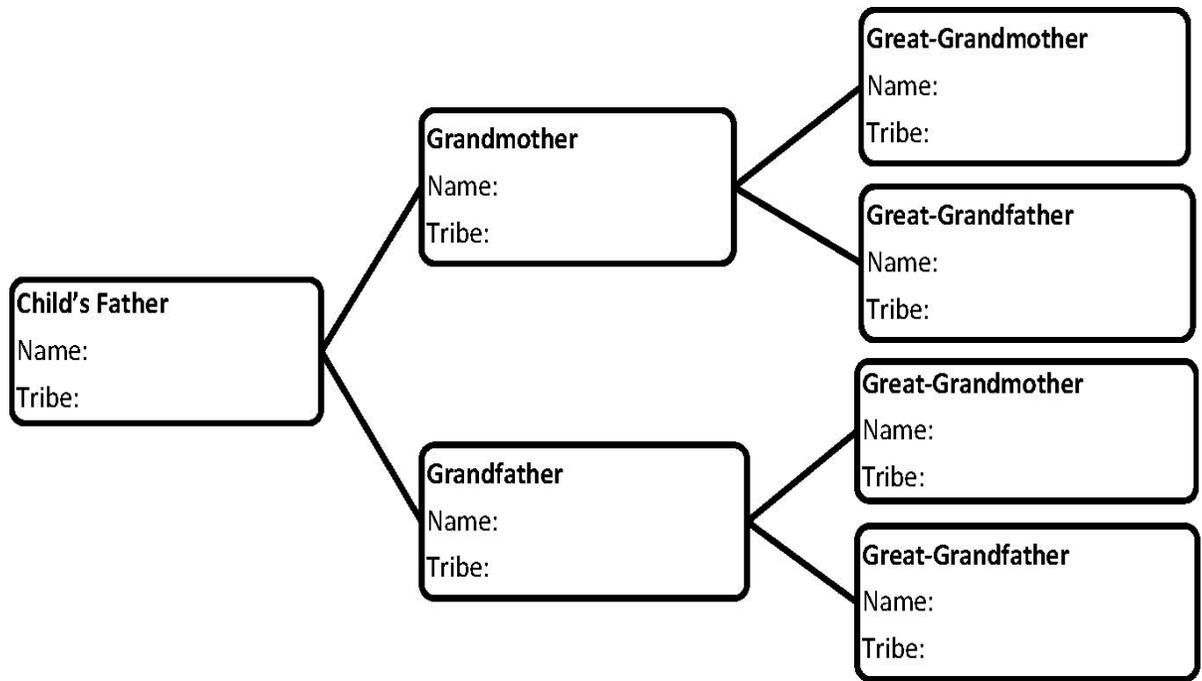
- The information requested in the form is necessary to determine if the Indian Child Welfare Act (ICWA) applies to the case involving the child(ren). In a dependency and neglect case, *at the time of the initial intake and throughout* the case, the caseworker must ask family members or others involved with the child(ren) if the child and the child's relatives have any American Indian or Alaska Native ancestry. The following family tree chart may be helpful in collecting information.
- The assessment form must be completed by the caseworker after gathering information from a knowledgeable parent, guardian, Indian custodian or other family member on behalf of the child whose tribal status is in question. Contact your supervisor or the Court/City Attorney's office if you have any questions regarding proper procedure for ICWA compliance.
- Please fill out this form as accurately and as thoroughly as possible. The information on this form will influence *the entire course of action and outcome* in the case.
- A copy of this form will be sent to the identified tribes, so **please make sure that it can be easily read.**
- Please be sure that both you and the person giving the information contained in the form sign and date the form.
- Under Colorado law, there is a continuing duty to inquire regarding a child's Indian status. Periodically, throughout the case proceedings, review the contents of the form with the child's family members to ensure the information is complete and up to date. It is critical that the form be reviewed with the child's family prior to a motion to terminate parental rights being filed. The attached flow chart indicates *recommended* times in a dependency and neglect case that the form should be reviewed and updated

- After each review of the form, please be sure to write your name and the date of the review on the form.
- When new information regarding the child's tribal status or ancestry is received please add the information to the assessment form and notify the County Attorney's office.



American Indian/Alaska Native ICWA Assessment Form Family Chart

Case No. _____ Name of Child: _____



Case No. _____ Name of Child: _____