OMB #: 0970-0XXXX

Expiration Date: XX/XX/XXXX

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: This form will be used to collect information on services requested by tribal child welfare programs. Public reporting burden for this collection of information is estimated to average 5 minutes including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX. If you have any comments on this collection of information, please contact Roshanda Shoulders, ACF, Administration on Children, Youth and Families by e-mail at Roshanda.Shoulders@ACF.hhs.gov.

## Integrated Services Inquiry Form

Thank you for your interest in the Capacity Building Center for Tribes, a technical assistance center funded by the Children’s Bureau, providing services to tribes that receive federal Title IV-B and/or Title IV-E funding to operate a tribal child welfare program.

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| **Contact Information** |
|  **Date of Inquiry:** | Click or tap to enter a date. |
|  **Tribal Program Name:** | Click or tap here to enter text. |
|  **Requestor Name:**  | Click or tap here to enter text. |  |
|  **Requestor Title:** | Click or tap here to enter text. **Organization:** Click or tap here to enter text. |
|  **Work Phone:** | Click or tap here to enter text. | **Mobile Phone:**  | Click or tap here to enter text. |
|  **Email Address:** | Click or tap here to enter text. |
|  **Program Address:** | Click or tap here to enter text. | **City, State, Zip:** | Click or tap here to enter text. |

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| **Purpose of Request** |
| **Please tell us about your request for services.**  Click or tap here to enter text. |
| **How did you hear about the Center for Tribes?**[ ]  Website [ ]  Conference [ ]  Prior Center Services Referred by: [ ]  Regional Office (RO) [ ]  Another tribal program [ ]  Other, Click or tap here to enter text. |

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| **Capacity Building Services Eligibility** *Note: Tribal funding information assists with determining eligibility for technical assistance.*  *Targeted and tailored technical assistance is available for tribes who receive Title IV-B or Title IV-E funding.* |
|  **Does your tribe receive Title IV-B (Subparts 1 and/or 2) funds?**  | [ ]  Yes [ ]  No |
|  **Does your tribe receive Title IV-E funds?** | [ ]  Yes [ ]  No*If yes, please indicate:*[ ]  Tribal-State Agreement[ ]  Direct Title IV-E |