OMB #: 0970-0XXXX

Expiration Date: XX/XX/XXXX

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| **Capacity Building Center for Tribes** | **Tribal Demographic Survey** |

**Official Tribe Name:**

**Date:**

|  |
| --- |
| **Contact Information** |
| **Program Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Contact** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Website** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Child Welfare Program Services** | | |
|  | Yes | No |
| Title IV-B funding, Part I |  |  |
| Tribal IV-B funding, Part 2 |  |  |
| Tribal/state IV-E agreement in place |  |  |
| If yes, Administrative reimbursement funds |  |  |
| If yes, Maintenance reimbursement payments |  |  |
| If yes, Training reimbursement funds |  |  |
| Tribal Title IV-E development grant completed and Title IV-E plan approved |  |  |

**If Tribe has a federal IV-E planning grant:**

|  |
| --- |
| **Tribal Title IV-E Development Grant & IV-E Plan Information** |
| Year grant was received: 20\_\_\_\_\_ |
| Did the tribe have a child welfare program in operation prior to receiving the IV-E Plan Development Grant? □ Y □ N |
| Did the tribe have a foster care program in operation prior to receiving the IV-E Plan Development Grant? □ Y □ N |
| Did the tribe have an adoption program in operation prior to receiving the IV-E Plan Development Grant? □ Y □ N |
| Is the tribe using an outside consultant to develop its IV-E Plan? □ Y □ N |
| Date grant activities began:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  month year |
| Has the tribe received a no-cost extension to complete grant activities?  □ Y □ N |
| Date pre-print was submitted:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ ***OR*** □ currently in progress  month year |
| Date IV-E plan was approved:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ ***OR*** □ plan awaiting approval  month year |
| Date IV-E program began operations:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  month year |
| Does the tribe have a current tribal-state IV-E agreement?  □ Y □ N  If Yes, with which state(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Tribal Population and Location** | | | | | | |
| # enrolled tribal members |  | | | | | |
| # or % of enrolled tribal members living on-reservation or within tribal boundaries |  | | | | | |
| # or % of tribal population under age 18 |  | | | | | |
| Approximate size (e.g., acres) of reservation or tribal communities |  | | | | | |
| State(s) in which reservation/tribal communities are located |  | | | | | |
| Children’s Bureau Region |  | | | | | |
| BIA Region |  | | | | | |
| **Law Enforcement, Tribal Court, and Judiciary** | | | | | | |
| Which agencies provide law enforcement for the tribe? (circle all that apply) | **Tribe** | **BIA** | **State** | **County** | **FBI** | **Other (name):** |
| Which law enforcement agency/agencies most often assists with child welfare matters? (circle all that apply) | **Tribe** | **BIA** | **State** | **County** | **FBI** | **Other (name):** |
| Does the tribe have an independent judiciary? | | | **Yes** | **No** |  | |
|  |  |
| Does the tribe have its own court that makes determinations in child welfare cases? | | | **Yes** | **No** | **Part of an**  **intertribal court** | |
|  |  |  | |

**Additional Comments:**

|  |  |  |  |
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| **Child Welfare Program Services** | | | |
|  | **Yes** | **No** |  |
| Does the tribe currently operate a child welfare program?  *If the tribe does not currently operate a child welfare program, please skip to Page 5-Child Welfare Staffing.* |  |  |
| *If the tribe operates a child welfare program, please check Yes or No for each service area below. If yes, also indicate whether policies and procedures are in place for that service.* | | | |
|  | **Yes** | **No** | **If yes, check if policies**  **& procedures for this service are in place** |
| Child protection investigations |  |  |  |
| Permanency planning |  |  |  |
| Case management |  |  |  |
| Family preservation |  |  |  |
| Child abuse & neglect prevention |  |  |  |
| ICWA |  |  |  |
| Foster/kinship care/resource family recruitment |  |  |  |
| Foster/kinship care/resource family placements |  |  |  |
| Foster care/resource family licensing by tribe |  |  |  |
| Transitional or independent living services for youth |  |  |  |
| Other services for youth (please indicate)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Kinship guardianships |  |  |  |
| Adoptions |  |  |  |
| Customary adoptions |  |  |  |
| Cultural programs |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

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|  | **Yes** | **No** |  | |
| In addition to the tribal program, do any outside/non-tribal agencies provide child welfare services for the tribe? |  |  |
| If yes, which agencies provide child welfare services for the tribe (circle all that apply) | **BIA** | **State** | **County** | **Other (name)** |
| Service(s) provided by other agencies:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

**Additional Comments:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child Welfare Staffing** | | | |
| *Instructions for this section: Please write in the staff positions of the child welfare program and indicate the number of staff currently working in each position, the number of position vacancies, and the required educational level for the position (if any).* | | | |
| **Staff Position** | **# staff currently in position** | **# positions vacant** | **Required educational level** |
|  |  |  |  |
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**Additional Comments:**

|  |  |  |
| --- | --- | --- |
| **Data Management & Child Welfare Program Statistics** | | |
|  | **Yes** | **No** |
| Does the child welfare program have an electronic data management system? |  |  |
| If yes, what is the name of this system?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
| If No, how does the program track and manage data?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
|  | **Yes** | **No** |
| If the program *does not* currently have an electronic data management system, is it considering obtaining one in the near future? |  |  |
| If yes, name of system(s) under consideration:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
| Estimated number of children currently served by the tribal child welfare program \_\_\_\_\_\_\_\_\_\_ |  | |
| Estimated number of children currently in out-of-home placements \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ Tribal  \_\_\_\_\_\_\_\_\_\_ State or other | |
| Current number of tribal foster/kinship/resource homes  \_\_\_\_\_\_\_\_\_\_ | Of these:  # licensed by tribe \_\_\_\_\_\_\_\_\_\_  # licensed by state \_\_\_\_\_\_\_\_\_\_ | |
| Estimated number of ICWA cases in which the tribal child welfare program is actively involved \_\_\_\_\_\_\_\_\_\_ |  | |
| Estimated number of ICWA notifications received monthly  \_\_\_\_\_\_\_\_\_\_ |  | |

**Additional Comments:**