

**PURPOSE:** The Demographic Survey is used to collect information to gain a better understanding of the status of a tribal child welfare program, including funding sources, demographics of the Tribal population, child welfare services offered, and how the program tracks and manages data. Information on the Demographic Survey is collected by Center staff from any Tribal program receiving Tailored Services from the Center for Tribes.

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 45 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.

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| Capacity Building<br>Center for Tribes | <b>Tribal Demographic Survey</b> |
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**Official Tribe Name:**

**Date:**

| Contact Information                                      |
|--|
| <b>Name of Tribal Child Welfare Program</b><br><br>_____ |

| Tribal Child Welfare Program Services      |     |    |
|--|-----|----|
|  | Yes | No |
| Tribal/state IV-E agreement in place       |     |    |
| If yes, Administrative reimbursement funds |     |    |
| If yes, Maintenance reimbursement payments |     |    |
| If yes, Training reimbursement funds       |     |    |

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

| <b>Tribal Title IV-E Development Grant &amp; IV-E Plan Information</b>  |  |
|---|--|
| Did the tribe have an adoption program in operation prior to receiving the IV-E Plan Development Grant? <input type="checkbox"/> Y <input type="checkbox"/> N |  |
| Is the tribe using an outside consultant to develop its IV-E Plan? <input type="checkbox"/> Y <input type="checkbox"/> N                                      |  |
| Date grant activities began:<br>_____ / _____<br>month                      year  |  |
| Has the tribe received a no-cost extension to complete grant activities?<br><input type="checkbox"/> Y <input type="checkbox"/> N                             |  |
| Date pre-print was submitted:<br>_____ / _____ <b>OR</b> <input type="checkbox"/> currently in progress<br>month                      year                    |  |
| Date IV-E plan was approved:<br>_____ / _____ <b>OR</b> <input type="checkbox"/> plan awaiting approval<br>month                      year                    |  |
| Does the tribe have a current tribal-state IV-E agreement?<br><input type="checkbox"/> Y <input type="checkbox"/> N<br>If Yes, with which state(s) _____      |  |

| <b>Tribal Population and Location</b>   |              |            |              |               |            |                      |
|---|--------------|------------|--------------|---------------|------------|----------------------|
| # enrolled tribal members   |              |            |              |               |            |                      |
| # or % of enrolled tribal members living on-reservation or within tribal boundaries |              |            |              |               |            |                      |
| # or % of tribal population under age 18  |              |            |              |               |            |                      |
| State(s) in which reservation/tribal communities are located                        |              |            |              |               |            |                      |
| <b>Law Enforcement, Tribal Court, and Judiciary</b>                                 |              |            |              |               |            |                      |
| Which agencies provide law enforcement  | <b>Tribe</b> | <b>BIA</b> | <b>State</b> | <b>County</b> | <b>FBI</b> | <b>Other (name):</b> |

|  |              |            |              |               |                                     |                      |
|--|--------------|------------|--------------|---------------|-------------------------------------|----------------------|
| for the tribe? (circle all that apply)   |              |            |              |               |                                     |                      |
| Which law enforcement agency/agencies most often assists with child welfare matters? (circle all that apply) | <b>Tribe</b> | <b>BIA</b> | <b>State</b> | <b>County</b> | <b>FBI</b>                          | <b>Other (name):</b> |
| Does the tribe have an independent judiciary?  |              |            | <b>Yes</b>   | <b>No</b>     |                                     |                      |
|  |              |            |              |               |                                     |                      |
| Does the tribe have its own court that makes determinations in child welfare cases?                          |              |            | <b>Yes</b>   | <b>No</b>     | <b>Part of an intertribal court</b> |                      |
|  |              |            |              |               |                                     |                      |

**Additional Comments:**

| <b>Child Welfare Program Services</b>  |            |           |   |
|--|------------|-----------|---|
|  | <b>Yes</b> | <b>No</b> |   |
| <i>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.</i> |            |           |   |
|  | <b>Yes</b> | <b>No</b> | <b>If yes, check if policies &amp; procedures for this service are in place</b> |
| 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)<br>_____<br>_____<br>_____  |            |           |   |
| Kinship guardianships  |            |           |   |
| Adoptions  |            |           |   |
| Customary adoptions  |            |           |   |
| Cultural programs  |            |           |   |
| Other: _____   |            |           |   |
| Other: _____   |            |           |   |
| Other: _____   |            |           |   |

|   |            |              |               |                     |
|---|------------|--------------|---------------|---------------------|
|   | <b>Yes</b> | <b>No</b>    |               |                     |
| 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)                         | <b>BIA</b> | <b>State</b> | <b>County</b> | <b>Other (name)</b> |
| Service(s) provided by other agencies:<br><hr/> <hr/> <hr/> <hr/>   |            |              |               |                     |

**Additional Comments:**



|   |   |                      |
|---|---|----------------------|
| Does the child welfare program have an electronic data management system?   |   |                      |
| If yes, what is the name of this system?<br>_____   |   |                      |
| If No, how does the program track and manage data?<br>_____<br>_____<br>_____   |   |                      |
|   | <b>Yes</b>  | <b>No</b>            |
| If the program <i>does not</i> currently have an electronic data management system, is it considering obtaining one in the near future? |   |                      |
| If yes, name of system(s) under consideration:<br>_____<br>_____<br>_____   |   |                      |
| 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:<br># licensed by tribe _____<br># 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:**