

**Purpose:** The Center for Tribes Inquiry Form is the first point of contact that a Tribal Child Welfare program makes with the Center for Tribes. The form is used to collect contact information, eligibility for technical assistance, and a brief amount of information on what services a Tribal program is requesting. Once reviewed, the Center for Tribes determines the best means of delivering the requested service (i.e., Universal, Targeted, or Tailored services).



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.

### Contact Information

<b>Date of Inquiry:</b>	Click or tap to enter a date.		
<b>Tribal Program Name:</b>	Click or tap here to enter text.		
<b>Requestor Name:</b>	Click or tap here to enter text.		
<b>Requestor Title:</b>	Click or tap here to enter text.	<b>Organization:</b>	Click or tap here to enter text.
<b>Work Phone:</b>	Click or tap here to enter text.	<b>Mobile Phone:</b>	Click or tap here to enter text.
<b>Email Address:</b>	Click or tap here to enter text.		
<b>Program Address:</b>	Click or tap here to enter text.	<b>City, State, Zip:</b>	Click or tap here to enter text.

### 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.](#)

**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