

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.

Capacity Building Center for Tribes	Tribal Demographic Survey
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Official Tribe Name:

Date:

Contact Information
Name of Tribal Child Welfare Program <hr/>

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		

for the tribe? (circle all that apply)						
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:

Child Welfare Program Services			
	Yes	No	
<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>			
	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: _____			

	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:

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 <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: _____ _____ _____		
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: