

### INDIAN CHILD WELFARE ADVOCACY PROGRAM INTAKE FORM

**Important directions:** Please complete the form thoroughly, if information is unknown, unavailable from the reporting family member, please note "unknown" in the field. **Every field must be filled in or the form cannot be processed.**

Caseworker's Name:
Caseworker's Telephone Number:
Caseworker's Fax Number:
Supervisor's Name:
Supervisor's Telephone Number:
IDCFS Office Address:
POS Agency Name:
POS Office Address:
Region of Agency:
Indian Child Welfare Act (ICWA) Matter: <input checked="" type="checkbox"/>

**Type of Case:**

- |   |                                   |  |   |                                   |
|---|-----------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> DCP              | <input type="checkbox"/> Intact   | <input type="checkbox"/> Placement     | <input type="checkbox"/> TRP                | <input type="checkbox"/> Post-TPR |
| <input type="checkbox"/> Sub Guardianship | <input type="checkbox"/> Adoption | <input type="checkbox"/> Post-Adoption | <input type="checkbox"/> Expedited Adoption |                                   |

**PERMANENCY GOAL:**

- |  |  |
|--|--|
| <input type="checkbox"/> Return Home Within 5 Months (21)                              | <input type="checkbox"/> Guardianship (26)                                   |
| <input type="checkbox"/> Return Home Within 1 Year (22)                                | <input type="checkbox"/> Independence (minor over age of 12) (27)            |
| <input type="checkbox"/> Return Home Pending Status Hearing (23)                       | <input type="checkbox"/> Cannot be Provided For in the Home Environment (28) |
| <input type="checkbox"/> Substitute Care Pending Court Decision on Termination (24)    | <input type="checkbox"/> Long Term Foster Care (29)                          |
| <input type="checkbox"/> Adoption, if Parental Rights are Terminated/Relinquished (25) |  |

When was the Goal Established

What is the Achievement Date

Date case open with IDCFS



<b>Biological Mother's Parent's Information (Maternal Grandparents to Child(ren))</b>		
Full Grandmother's Name:		
Middle Name:		
Maiden Name:		
DOB:	SS#:	Tribal Member <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Tribe Name:		
Tribe Geographic Location:		
Full Grandfather's Name:		
Middle Name:		
DOB:	SS#:	Tribal Member <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Tribe Name:		
Tribe Geographic Location:		
If, there is further (Great, etc) or more ancestral Indian heritage provided, please list at the end of the intake form or list on a separate paper and include with the intake form.		
<input type="checkbox"/> Please check if additional information will be attached to the form.		

<b>Biological Father's Parent's Information (Paternal Grandparents to Child(ren))</b>		
Full Grandmother's Name:		
Middle Name: :		
Maiden Name:		
DOB:	SS#:	Tribal Member <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Tribe Name:		
Tribe Geographic Location:		
Full Grandfather's Name:		
Middle Name:		
DOB:	SS#:	Tribal Member <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Tribe Name:		
Tribe Geographic Location:		
If, there is further (Great, etc) or more ancestral Indian heritage provided, please list at the end of the intake form or list on a separate paper and include with the intake form.		
<input type="checkbox"/> Please check if additional information will be attached to the form.		

**\*\*\*Family Tree Ends\*\*\***

Additional Information and Documentation please provide, via mail, fax, email

Provide a copy of the following to the assigned ICWA Specialist:

1. Service Plan (SP)
2. Integrated Assessment (IA)
3. Court Reports

Next Court Date:

Time:

Purpose:

Court Address:

Calendar:

Provide all Parties (legal) information, Name, Phone number and Email contact:

IDCFS Legal:

GAL:

Assistant State's Attorney:

Mother's Attorney:

Father's Attorney:

Next Child and Family Meeting (CTFM):

Date:

Time:

Location:

Teleconference number with access code:

Next Administrative Case Review (ACR):

Date:

Time:

Location:

Teleconference number with access code:

Any upcoming staffings or meetings:

Date:

Time:

Location:

Teleconference number with access code:

Any additional important family (tree) information:

**Please email the completed intake form to the ICWA/OAA/IDCFS central intake. After receipt, an ICWA Specialist will be assigned to your specific case.**

**Email:** [DCFS.OfficeofAffirmativeAction@illinois.gov](mailto:DCFS.OfficeofAffirmativeAction@illinois.gov)

**Mail:** ICWA – Office of Affirmative Action

1921 S Indiana, 4th floor

Chicago, IL 60616

**Fax:** 1.312.328.2803

Internal OAA/ICWAP

ICWA Specialist Assigned: \_\_\_\_\_

Date Assigned: \_\_\_\_\_