

ADOPT  
ICWA-010(A)

CHILD'S NAME:	CASE NUMBER:
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1. Name of child:

Indian child inquiry  made  not made and (check all that apply):

- a.  The child is or may be a member of or eligible for membership in a tribe.  
Name of tribe(s): \_\_\_\_\_  
Name of band (if applicable): \_\_\_\_\_
- b.  The child's parents, grandparents, or great-grandparents are or were members of a tribe.  
Name of tribe(s): \_\_\_\_\_  
Name of band (if applicable): \_\_\_\_\_
- c.  The residence or domicile of the child, child's parents, or Indian custodian is in a predominantly Indian community.
- d.  The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).
- e.  The child may have Indian ancestry.
- f.  The child has no known Indian ancestry.
- g.  Other reason to know the child may be an Indian child: \_\_\_\_\_

Person(s) questioned:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Date questioned: \_\_\_\_\_  
Means of communication: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Summary of information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person(s) questioned:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Date questioned: \_\_\_\_\_  
Means of communication: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Summary of information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h.  Information about other persons questioned is attached.

2. If this is a delinquency proceeding under Welfare and Institutions Code, § 601 or 602:

- The child is in foster care.
- It is probable the child will be entering foster care.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  \_\_\_\_\_  
(TYPE OR PRINT NAME) (SIGNATURE)

**ELIGIBILITY CERTIFICATION  
ADOPTION ASSISTANCE PROGRAM**

**DISTRIBUTION:**

*Original : County Welfare Department  
Copy : Agency File*

CHILD'S ADOPTIVE NAME	
CHILD'S DATE OF BIRTH	
STATE ADOPTION CASE NO. <span style="margin-left: 100px;">ADA</span>	ADOPTION AGENCY CASE NO.
AAP CASE NO.	

To be AAP eligible a child must be under the age of 18 or is a Non-Minor Dependent (NMD) under the age of 21.

If the child is under the age 18 they must meet the criteria stated in Section I, Section II and Section III or Section IV.  
Date the child will become age 18: \_\_\_\_\_

If the NMD is under the age of 21 they must meet the criteria stated in Section I, Section II and Section III.  
Date NMD will become age 21: \_\_\_\_\_

**I. THREE PART SPECIAL NEEDS DETERMINATION**

Verification of the information is documented in the child's case records. The above-named child meets all of the following three requirements:

1.  The child cannot or should not be returned to the home of his or her parents due to a petition to terminate parental rights, a court order terminating parental rights, a signed relinquishment or the court has given full faith and credit to a tribal customary adoption order.
- The court has dismissed the dependency or transitional jurisdiction subsequent to the approval of the NMD adoption petition per Welfare and Institutions Code Section 366.31(f).
2. Adoptive placement without financial assistance is unlikely due to one of the following:
  - Membership in a sibling group that should remain intact.
  - Race, ethnicity, color or language. Specify: \_\_\_\_\_
  - Age of three years or older (Date child became three: \_\_\_\_ / \_\_\_\_ / \_\_\_\_)
  - Parental background of a medical or behavioral nature that can be determined to adversely affect the development of the child. Specify: \_\_\_\_\_
  - The child's mental, physical, emotional, medical or developmental disability that has been certified by a licensed professional competent to make an assessment and operating within the scope of his or her profession. A copy of this certification is in the adoption agency AAP case record.  
Disability: \_\_\_\_\_  
Professional certifying disability and date certified: \_\_\_\_\_
3. An effort was made to place the child for adoption with appropriate parents without providing AAP benefits. One of the following statements must be met:
  - The need for adoption subsidy is evidenced by an unsuccessful search for an adoptive home to take the child without financial assistance.  
Search efforts included: \_\_\_\_\_
  - The search requirement was waived as remaining in this home is in the child's best interest because the child is being adopted by a relative or there is the existence of significant emotional ties with the prospective adoptive parents while in their care as a foster child  
Date child began living with the relative or prospective adoptive parents: \_\_\_\_\_

## II. CITIZENSHIP

Verification of the following information is documented in the child's case records. The above-named child meets **one** of the following citizenship requirements:

- The child is a citizen of the United States or a qualified alien.
- The child entered the United States on or after August 22, 1996, is placed with an unqualified alien and meets the five year residency requirements.
- The child is a member of one of the exempted groups (refugees, asylees, aliens whose deportation was withheld, Cuban/Haitian or Amerasians from Vietnam.)

## III. TITLE IV-E (federal) ELIGIBILITY INFORMATION

To be Title IV-E eligible Section A or B must be completed. Verification of the following information is documented in the child's case records.

A. The above-named child meets **one** of the following three definitions of an "applicable child."

- The child's age is \_\_\_\_\_ in Federal Fiscal Year \_\_\_\_\_.
- The child has been in foster care under the care of a Title IV-E agency for 60 consecutive months.
- The child's sibling is an "applicable child" and is placed in the same prospective adoptive home of his or her sibling.

**AND**

**One** of the following four Title IV-E eligibility requirements:

- 1. The child is in the care of a public or private child placement agency or Indian tribal organization and is the subject of either one of the following:
  - a. An involuntary removal from the home in accordance with a judicial determination that continuation in the home would be contrary to the welfare of the child;
  - b. A voluntary placement agreement or voluntary relinquishment. Note: A Title IV-E FC maintenance payment or judicial determination is **not** required for an "Applicable Child".
- 2. The child has met all medical or disability eligibility requirements for federal Supplemental Security Income (SSI) benefits.
- 3. The child was residing in a foster family home or child care institution with the child's minor parent.
- 4. The child received AAP with respect to a prior adoption that dissolved due to the termination of the adoptive parental rights or the death of an adoptive parent.

B. The above-named child meets **one** of the following Title IV-E requirements:

- 1. Prior to the finalization of an Agency adoption as defined in Section 8506 of the Family Code, or an Independent adoption, as defined in Section 8524 of the Family Code is filed, the child meets the eligibility requirements for Supplemental Security Income (SSI) benefits as determined and documented by the Federal Social Security Administration (SSA.)
- 2. At the time the child was removed from the home of the specified relative, the child met the AFDC eligibility requirements in the home of removal.
  - a. The child's removal from the home was based on judicial determination in the first court ruling that to remain in the home would be contrary to the child's welfare.
  - b. The child was voluntarily relinquished to a licensed public or private adoption agency, or another public agency operating a Title IV-E program on behalf of the state. The following must be obtained within six months of the time the child lived with a specified relative:
    - 1. A petition to the court to remove the child from the home of the specified relative.
    - 2. Judicial determination that remaining in the home would be contrary to the child's welfare.
  - c. Child is voluntarily placed and has received at least one Title IV-E FC payment.
- 3. At least one Title IV-E FC payment was made on behalf of the child's minor parent.
- 4. The child meets the special needs criteria and received AAP benefits with respect to a prior adoption that dissolved due to the termination of the adoptive parent's parental rights or the death of an adoptive parent.
- 5. The child is an Indian child and the subject of a tribal customary adoption order.

**IV. STATE ELIGIBILITY INFORMATION**

Verification of the following information is documented in the child's case records. The above-named child does not meet the Title IV-E eligibility requirements but does meet the following State funding eligibility requirements:

- The child is the subject of an Agency adoption as defined in Section 8506 of the Family Code, and
- At the time of adoptive placement, the child met **one** of the following requirements:
  - a. Under the supervision of a county welfare department as the subject of a legal guardianship or juvenile court dependency;
  - b. Relinquished for adoption to a licensed California private or public adoption agency, or the Department, and would otherwise have been at risk of dependency as certified by the responsible public child welfare agency;  
County providing certification: \_\_\_\_\_ Date of certification: \_\_\_\_\_ or
  - c. Committed to the California Department of Social Services pursuant to Section 8805 or 8918 of the Family Code.

**I certify that this child is eligible for the Adoption Assistance Program**

**I certify that this child is not eligible for the Adoption Assistance Program**

SIGNATURE OF AUTHORIZED OFFICIAL OF THE RESPONSIBLE PUBLIC AGENCY

ADOPTION AGENCY NAME

DATE

ADOPTION AGENCY ADDRESS

SIGNATURE OF AUTHORIZED OFFICIAL COUNTY WELFARE DEPARTMENT

COUNTY NAME

ADOPTION AGENCY TELEPHONE NUMBER

DATE

**COUNTY ELIGIBILITY WORKER USE ONLY**

Eligible for Title IV-E (FFP) Items I, II and III

Eligible for State only funding Items I, II, and IV checked

Not eligible for FFP or State only funding

**STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR AFDC-FOSTER CARE(FC)**

**INSTRUCTIONS:** Complete in ink all questions to the left of the heavy black line. The parent/legal guardian completes the non-shaded sections of this form instead of the BCJA 2 or SAWS 2 at redetermination only; the placement worker/county welfare department is to complete the shaded portions. The placement worker/county welfare department may complete all sections of this form instead of the BCJA 2 or SAWS 2 at application and redetermination when the parent/legal guardian is:

- Not available       Not cooperating       Deceased       Incapacitated

1. Child Name \_\_\_\_\_ 2.  Male  Female

3. Address \_\_\_\_\_

4. Birth date \_\_\_\_\_ 5. Birthplace \_\_\_\_\_

6. Social Security # \_\_\_\_\_ Applied For?  Yes  No

7. Citizen of U.S.?  Yes  No 8. Alien Status: \_\_\_\_\_

9. Does the child have medical insurance?  Yes  No

If yes, list policy number, company name, and name of policy:

10. Does the child have real or personal property?  Yes  No

If yes, list property type (land, cash, auto, motorcycle, life insurance, trust fund, bank account, bond, etc.) and its value:

11. Does the child have income?  Yes  No  Unknown\*  
If yes, list amounts below. If application pending, check associated box.

Income Type	Amount	Pending
Social Security		<input type="checkbox"/>
Child Support		<input type="checkbox"/>
Railroad Retirement		<input type="checkbox"/>
SSI/SSP		<input type="checkbox"/>
Veteran's Benefits		<input type="checkbox"/>
Salary/Wages		<input type="checkbox"/>
Other (specify)		<input type="checkbox"/>
Total Amount/Month		<input type="checkbox"/>

\* If unknown, please explain:

12. Name of School or Training Program: \_\_\_\_\_

**TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF**

13. If child has salary/wages, is the child attending school at least half-time?  Yes  No

14. Does the child have an Independent Living Program Plan?  Yes  No

**COMPLETE BELOW FOR CHILDREN 17 AND OLDER**

15. Does the child attend school on a full-time basis?  Yes  No

16. Expected graduation/completion before 19th birthday?  Yes  No

**ELIGIBILITY WORKER ONLY**

DATE: \_\_\_\_\_

- APPLICATION  
 REDETERMINATION

CASE NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

**VERIFICATION**

AGE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

CITIZENSHIP/ALIEN STATUS \_\_\_\_\_

DHS 6155

CHILD'S PROPERTY \_\_\_\_\_

CHILD'S INCOME/PENDING INCOME \_\_\_\_\_

ILP \_\_\_\_\_

VERIFIED BY SCHOOL **YES**

SCHOOL ATTENDANCE

GRADUATION

(17) PARENTAL INFORMATION			
	Parent 1	Parent 2	Parent 3
Name			
Relationship			
Maiden Name			
Date of Birth			
Birthplace			
Social Security #			
Address			
Telephone #			
U.S. Citizen (yes or no)			
Veteran (Branch, Years in Service, Serial #)			

**VERIFICATION**

CHILD SUPPORT REFERRAL

**(18) DEPRIVATION -- INITIAL AND REDETERMINATION**

A. Is either the mother or father deceased?

yes, fill-in A1 and skip to #19. Deprivation exists, pending verification.

no, PROCEED to B.

A1. Deceased parent(s)' name: \_\_\_\_\_

Location of death: \_\_\_\_\_

Date of death: \_\_\_\_\_

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B. Did the mother and/or the father relinquish the child or have either parents' parental rights been terminated(TPR)?

yes, fill-in B1 and skip to #19. Deprivation exists, pending verification.

no, PROCEED to C.

B1. Relinquishing/TPR parent (s): \_\_\_\_\_

Date of Relinquishment(s) TPR(S): \_\_\_\_\_

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C. Are the mother and father living together?

no, skip to #19. Deprivation exists, pending verification

yes, PROCEED to D.

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D. Is either the mother or father physically or mentally incapacitated?

yes, skip to #19. Deprivation exists, pending verification.

no, PROCEED to E.

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E. Is either parent unemployed?

no, go to #19.

yes, go to #19.

DEPRIVATION

**DOCUMENTATION IN FILE:**

- CA 341 (Medical report)
- Written statement from physician
- other substantiation (EAS 41-430)

**GOOD FAITH EFFORTS MADE?**

- YES       NO

**TO BE COMPLETED BY COUNTY WELFARE DEPARTMENT AT REDETERMINATION ONLY**

**(19) REDETERMINATION OF DEPRIVATION - GOOD FAITH EFFORTS**

If the parent(s) is unavailable or uncooperative, please list below the good faith efforts made to contact the parent(s) (i.e., 2 phone calls attempted, 2 letters sent, 1 piece of returned mail, 1 home visit attempted, 1 failure to keep scheduled appointment, etc.) to redetermine deprivation.

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**DIRECTIONS: QUESTIONS 20-23 MUST BE COMPLETED AT INITIAL APPLICATION; QUESTIONS 20-21 MUST ALSO BE COMPLETED AT REDETERMINATIONS WHEN THERE ARE ANY CHANGES TO THE INFORMATION BELOW.**

**VERIFICATION**

**20 Parental Financial Information**

	Parent 1	Parent 2	Parent 3
Name			
Relationship			
Occupation			
Name of Employer			
Address of Employer			
Work Hours/Month			
Gross Monthly Wage			
Child Support Paid			
Child Support Received			
Disability (State, Workers' Compensation, etc.)			
Unemployment Benefits			
Pensions			
SSI/SSP			
Veteran's Benefits			
Other Monthly Income (i.e., social security, etc.)			
Application for Income Pending (yes, no, or unknown)			
Accounts(checking, savings, etc.)			
Name of Financial Institution			
Address of Financial Institution			
Cash on Hand			
Other Assets			
Personal Property			
Real Property & Address			
Auto(Year/Model)			

PARENTAL INCOME

PARENTAL PENDING INCOME

PARENTAL RESOURCES

**TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF**

**21) What is the authority for the child's out-of-home placement?**

- Voluntary placement agreement (SOC 155) Date: \_\_\_\_\_
- Relinquishment - Mother Date: \_\_\_\_\_
- Relinquishment - Father Date: \_\_\_\_\_
- Termination of Parental Rights Date: \_\_\_\_\_
- Child/Agency Agreement Date: \_\_\_\_\_
- Nonrelated legal guardian Date: \_\_\_\_\_
- Court Order

**Check box to indicate in which court order the finding was made. Enter date of hearing/order.**

Court Order Findings	Detention Date:	Jurisdictional Date:	Dispositional Date:	Petition/Other Date:
a) Continuance in the home is contrary to the welfare of the minor.				
b) Placement and care is vested with the county.				
c) Reasonable efforts to prevent the removal of the child were made or the lack of preplacement preventative efforts was reasonable.				

COURT ORDER FINDINGS MADE?

- FINDING a:  YES  NO
- FINDING b:  YES  NO
- FINDING c:  YES  NO

**TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF AT APPLICATION ONLY**

Check appropriate box.

	Yes	No	Insufficient Information
22. Would the services case file support a determination that the parent or relative from whom removed had minimal income and resources and that the child probably would have been eligible for public assistance in the month of removal?			
23. Has the child lived with the parent or relative from whom removed within the last 6 months?			

PARENT/LEGAL GUARDIAN:  
I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

▶

SIGNATURE OF PARENT/LEGAL GUARDIAN

COUNTY WHERE SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

PLACEMENT WORKER:  
ALL INFORMATION RECORDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

▶

SIGNATURE OF PLACEMENT WORKER (NOT APPLICABLE IF PARENT OF LEGAL GUARDIAN AVAILABLE)

NAME OF AGENCY \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF ELIGIBILITY WORKER \_\_\_\_\_ DATE \_\_\_\_\_

▶

SIGNATURE OF ELIGIBILITY WORKER SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

▶

**VERIFICATION**

POEM

ELIGIBLE FACILITIES REQUIREMENTS MET

SERVICES REQUIREMENTS MET

NOT ELIGIBLE

ELIGIBLE

FEDERAL

NONFEDERAL

OTHER

**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (P.L. 93-679) and the Information Practices Act of 1977 (Civil Code Sections 1798, et. seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.17 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Forms Officer.

## DETERMINATION OF FEDERAL AFDC-FC ELIGIBILITY

**INSTRUCTIONS:** Complete this form in all cases when a juvenile court order has been issued. To be eligible for federal AFDC-FC, items 1 through 6 must be answered YES. Complete all items. Complete the Verification column with information from the JA 2/SAWS 2 or FC 2 and SOC 158A.

Child's Name	Case Name	Case Number	Court Number
Name of Relative From Whom the Child Was Removed		Relationship	Petition Date:

FEDERAL AFDC - FC ELIGIBILITY REQUIREMENTS	VERIFICATION
1. The child meets all general AFDC-FC eligibility requirements as established on the JA2/SAWS 2 or FC 2. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
2. The child was removed from the home of a parent or relative by: <input type="checkbox"/> Voluntary placement agreement Date _____  <input type="checkbox"/> Detention Order <span style="margin-left: 40px;"><input type="checkbox"/> Jurisdictional/Dispositional Order</span> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Date _____ Date _____  Does Court Order contain requisite language for federal eligibility? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <ul style="list-style-type: none"> <li>• Reasonable efforts made to prevent removal of child from home.</li> <li>• Continuance in home would be contrary to welfare of child.</li> <li>• Placement and care vested in appropriate agency.</li> </ul> The Court Order <input type="checkbox"/> Is in effect <input type="checkbox"/> Dismissed because <ul style="list-style-type: none"> <li><input type="checkbox"/> Child is 18 or over</li> <li><input type="checkbox"/> Relinquishment/parental rights terminated</li> </ul>	
3. Does the child meet AFDC linkage requirements (as in effect July 16, 1996) in the month of petition? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <input type="checkbox"/> Yes, lived with parent/relative from whom removed in the month of petition and would have been eligible for AFDC had application been made.(POEM determination) <input type="checkbox"/> Yes, lived with parent/relative from whom removed within any of the previous 6 months prior to the month of petition and would have been eligible for AFDC had application been made in the month of petition. (POEM determination) <input type="checkbox"/> No, insufficient information. <input type="checkbox"/> No, does not meet linkage requirements.	
4. Does deprivation exist? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Death <input type="checkbox"/> Incapacity <input type="checkbox"/> Unemployment <input type="checkbox"/> Absence <input type="checkbox"/>	
5. Is the child in an eligible facility? Give code from reverse side. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <div style="text-align: right; margin-right: 50px;"> <input style="width: 50px; height: 20px;" type="text"/> </div>	
6. Will payment be made to an eligible payee? Give code from reverse side. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <div style="text-align: right; margin-right: 50px;"> <input style="width: 50px; height: 20px;" type="text"/> </div>	

<input type="checkbox"/> <b>Not Eligible</b> for federal AFDC-FC	<input type="checkbox"/> <b>Insufficient Information.</b> Not eligible for federal AFDC-FC	<input type="checkbox"/> <b>Eligible</b> for federal AFDC-FC Items 1-6 answered YES	Effective Date of Federal Eligibility
Eligibility Worker Signature			Date Completed

Summary of family circumstances at time of removal:

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## **FC 3 CODES**

### **CODES FOR QUESTION 5: ELIGIBLE FACILITIES**

(45-202.5/45-203.4)

- 01 Approved home of relative
- 02 Certified, license-pending
- 03 Licensed family home
- 04 Family home certified by nonprofit FFA licensed by SDSS
- 05 Private, nonprofit group home licensed by SDSS
- 06 Approved facility/family home on an Indian reservation
- 07 Public Child Care institution

### **CODES FOR QUESTION 6: ELIGIBLE PAYEE**

(45-301.11)

- 01 Approved family home
- 02 Licensed, private, nonprofit group home
- 03 Cooperating public or licensed nonprofit private child placement or child care agency with responsibility for placement and care of the child
- 04 Licensed homefinding agency which certified the exclusive-use home in which the child has been placed.

## **FEDERAL AFDC-FC ELIGIBILITY REQUIREMENTS**

Eligibility & Assistance Standards (EAS)

Age	(45-201.11)
Property	(45-201.12)
Residence	(45-201.13)
Citizenship/Alienage	(45-201.14)
Social Security	(45-201.15)
Income/Need	(45-201.2)
Child Support	(45-201.3)
Services	(45-201.4)
Deprivation	(45-201.1)(45-203.1)
With Whom Child Placed	(45-202.2)(45-203.2)
AFDC/FG/U Linkage	(45-202.3)
Authority For Placement	(45-202.4)(45-203.3)
Eligible Facilities	(45-202.5)(45-203.4)
Placement and Care	(45-202.6)(45-203.5)

### AFDC-FG/U WORKSHEET

**INSTRUCTIONS:** Complete the following to determine if the child would have received federal AFDC-FG/U (as it existed July 16, 1996) in the Month of the petition based on the circumstances in the home of the parent or relative from whom the child was removed. The AFDC-FG/U linkage requirement is met when all items are answered YES.

Child's Name	Month of Petition	Date Child Last Resided with Parent or Relative From Whom Removed
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FEDERAL AFDC - FG/U ELIGIBILITY REQUIREMENTS				VERIFICATION	
1. Total Persons in AU/FU		Total 185% MBSAC + Special Needs		Total MBSAC + Nonrecurring Special Needs	
				-	
<b>A. 185% of MBSAC INCOME TEST</b>		<b>AMOUNT</b>	<b>B. FINANCIAL ELIGIBILITY TEST</b>		
1. Gross Earnings			1. Gross Earnings		<b>EARNINGS VERIFICATION ON FILE:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Current Child Support Received by DA or Recipient		+	2. Work-Related Expenses (\$90)		
3. Other Unearned Income (Specify)		+	3. \$30 and 1/3 Exemption (If applicable)		<b>UNEARNED VERIFICATION ON FILE:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Excluded persons Gross Income		+	4. Dependent Care (Up to \$200 each)		
5.		+	5. NET EARNINGS		<b>OTHER VERIFICATIONS ON FILE (LIST):</b>
6.		+	6. Other Nonexempt Income		
7.		+	7. Child Support Collected by DA		
8.		+	8. Court Ordered Child Support Paid		
<b>TOTAL INCOME</b>		<b>=</b>	<b>TOTAL NET NONEXEMPT INCOME</b>		<b>INCOME LINKAGE ESTABLISHED (185% TEST AND FINANCIAL BIG TEST)</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Income Eligible?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Financially Eligible?		

2. Is the property of all persons in the AU/FU in the month of the petition below the allowable limit?  Yes     No  
(COMPLETE BELOW.)

ITEM	NET MARKET VALUE	ITEM	NET MARKET VALUE
a. Cash and Securities		f.	+
b. Cash Surrender Value of Life Insurance	+	g. Real Property (Specify)	+
c. Motor Vehicle	+	h.	+
d. Other Personal Property (Specify)	+	i.	+
e.	+	J. TOTAL PROPERTY	=

**AFDC-FG U LINKAGE DETERMINATION:**

<input type="checkbox"/> NOT ELIGIBLE FOR FEDERAL AFDC-FG U in month of petition	<input type="checkbox"/> INSUFFICIENT INFORMATION Not eligible for federal AFDC-FG U	<input type="checkbox"/> Eligible for federal AFDC-FG U in month of petition
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**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST**

TO:

FROM:

SECTION I - IDENTIFYING DATA			
Notice is given of intent to place - Name of Child:		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown	
Social Security Number:		ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White
Sex:	Date of Birth	Title IV-E determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Name of Mother:		Name of Father:	
Name of Agency or Person Responsible for Planning for Child:			Phone:
Address:			
Name of Agency or Person Financially Responsible for Child:			Phone:
Address:			

SECTION II - PLACEMENT INFORMATION	
Name of Person(s) or Facility Child is to be placed with:	Soc Sec # (optional): Soc Sec # (optional):
Address:	Phone:
<b>Type of Care Requested:</b> <input type="checkbox"/> Foster Family Home <input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Group Home Care <input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent <input type="checkbox"/> Child Caring Institution <input type="checkbox"/> Other: _____ <input type="checkbox"/> Parent <input type="checkbox"/> Relative (Not Parent) Relationship: _____ <input type="checkbox"/> ADOPTION <input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non IV-E Subsidy To Be Finalized In: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State	
<b>Current Legal Status of Child:</b> <input type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Parent Relative Custody/Guardianship <input type="checkbox"/> Court Jurisdiction Only <input type="checkbox"/> Protective Supervision <input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Other: _____	

SECTION III - SERVICES REQUESTED		
<b>Initial Report Requested (if applicable):</b> <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	<b>Supervisory Services Requested:</b> <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	<b>Supervisory Reports Requested:</b> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other: _____

Name and Address of Supervising Agency in Receiving State:

**Enclosed:**  Child's Social History     Court Order     Financial/Medical Plan     Other Enclosures  
 Home Study of Placement Resource     ICWA Enclosure     IV-E Eligibility Documentation

Signature of Sending Agency or Person:	Date:
Signature of Sending State Compact Administrator, Deputy or Alternate:	Date:

SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC	
<input type="checkbox"/> Placement may be made	<input type="checkbox"/> Placement shall not be made
<b>REMARKS:</b>	
Signature of Receiving State Compact Administrator, Deputy or Alternate:	Date:

DISTRIBUTION (Complete six (6) copies):  
 • Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:  
 • Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:  
 • Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA, or alternate within 30 days.  
 • Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN  
REPORT ON CHILD'S PLACEMENT STATUS**

TO:	FROM:
-----	-------

Child's Name:	Birthdate:
Mother's Name:	Father's Name:

**SECTION II - PLACEMENT STATUS**

<input type="checkbox"/> Initial Placement of Child in Receiving State	<b>Date Child Placed in Receiving State:</b>
Name of Resource:	
Address:	
Type of Care:	
<input type="checkbox"/> Placement Change	<b>Effective Date of Change:</b>
Name of Resource:	
Address:	
Type of Care:	

**SECTION III - COMPACT PLACEMENT TERMINATION**

<input type="checkbox"/> Adoption Finalized	<input type="checkbox"/> In Sending State	<input type="checkbox"/> In Receiving State	<input type="checkbox"/> Court Order Attached
<input type="checkbox"/> Child Reached Majority/Legally Emancipated			
<input type="checkbox"/> Legal Custody Returned to Parent(s)	<input type="checkbox"/> Court Order Attached		
<input type="checkbox"/> Legal Custody Given to Relative	<input type="checkbox"/> Court Order Attached		
Name:		Relationship:	
<input type="checkbox"/> Treatment Completed			
<input type="checkbox"/> Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State			
<input type="checkbox"/> Unilateral Termination			
<input type="checkbox"/> Child Returned to Sending State			
<input type="checkbox"/> Child Has Moved to Another State			
<input type="checkbox"/> Proposed Placement Request Withdrawn			
Name of Placement Resource:			
<input type="checkbox"/> Approved Resource Will Not Be Used for Placement			
Name of Placement:			
<input type="checkbox"/> Other (Specify):			
<b>Date of Termination:</b>			

**SECTION IV - SIGNATURES**

Person/Agency Supplying Information:	Date:
Compact Administrator, Deputy or Alternate:	Date:

DISTRIBUTION (Complete four (4) copies of this form):  
• Sending Agency retains a (1) copy and forwards completed original plus three (3) copies to:  
• Sending Compact Administrator, DCA, or alternate retains one (1) copy and forwards two (2) copies to:  
• Receiving Agency Compact Administrator, DCA, or alternate retains one (1) copy and forwards one (1) copy to the receiving agency

**STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Kin-GAP) PROGRAM:** *The legal guardian should complete in ink all questions to the left of the heavy black line with information about the child for whom they are the legal guardian. If there are multiple children, one form per child should be completed. Please complete, sign and date this form within two weeks, attaching extra sheets if necessary. Failure to complete and return this form within two weeks (14 days) of the date it was mailed will cause interruption, termination or delay in your receipt of the benefit.*

① Child Name \_\_\_\_\_ ②  Male  Female

③ Address \_\_\_\_\_

④ Birth date \_\_\_\_\_ ⑤ Birthplace \_\_\_\_\_

⑥ Social Security # \_\_\_\_\_ Applied For?  Yes  No

⑦ Citizen of U.S.?  Yes  No ⑧ Alien Status: \_\_\_\_\_

⑨ Does the child have medical insurance other than Medi-Cal?  Yes  No

If yes, list policy number, company name, and name of policy: \_\_\_\_\_

⑩ Does the child have real or personal property?  Yes  No

If yes, list property type (land, cash, auto, motorcycle, life insurance, trust fund, bank account, bond, etc.) and its value: \_\_\_\_\_

⑪ Does the child have income?  Yes  No  Unknown\*  
If yes, list amounts below. If application pending, check associated box.

INCOME TYPE	AMOUNT	PENDING
Social Security	\$	
Child Support	\$	
Railroad Retirement	\$	
SSI/SSP	\$	
Veteran's Benefits	\$	
Salary/Wages	\$	
Other (specify)	\$	
Total Amount/Month	\$	

\*If unknown, please explain: \_\_\_\_\_

⑫ Does the child have siblings placed with you?  Yes  No  
If yes, list the names and DOB.

NAME OF SIBLING	DATE OF BIRTH

⑬ Is the child's mother or father deceased?  Yes  No

⑭ Has the child's parents been receiving Social security or VA benefits?  Yes  No  
If yes, explain and list amount if known: \_\_\_\_\_

⑮ If the youth is age 16 or older, does the youth want a referral to the ILP Program?  Yes  No

⑯ Does the child reside in your home?  Yes  No

If no, do you provide any support for the above-named child?  Yes  No

⑰ Does this youth have a child(ren) of his/her own residing in your home?  Yes  No

⑱ Do you have a shared responsibility plan about the care of the child with the minor parent?  Yes  No

⑲ Do you have guardianship of the child which was granted by a California juvenile court?  Yes  No

**ELIGIBILITY WORKER ONLY**

APPLICATION  
 REASSESSMENT

CASE NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

**VERIFICATION**

AGE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

CITIZENSHIP/ALIEN STATUS \_\_\_\_\_

DHS 6155

CHILD'S PROPERTY \_\_\_\_\_

DOES THE CHILD HAVE SIBLINGS PLACED WITH THE GUARDIAN? \_\_\_\_\_

DID THE CHILD RESIDE FOR AT LEAST SIX CONSECUTIVE MONTHS IN THE APPROVED HOME OF THE PROSPECTIVE RELATIVE GUARDIAN? \_\_\_\_\_

**SPECIAL NEEDS CHILDREN INFORMATION**

20 Does this child have special needs, i.e., health and/or behavior problems?  Yes  No  
If yes, I am requesting an assessment of the child's special needs to determine if the specialized care increment meets the needs of this child.

**COMPLETE BELOW FOR CHILDREN 18 AND OLDER**

21 Expected graduation/completion before the 19th birthday?  Yes  No  
22 Do you request an assessment for continued payment over the age of 18 because the youth has a mental or physical handicap? If yes, describe condition:  Yes  No  
23 Was guardianship ordered in a juvenile court after the youth's 16th birthday?  Yes  No

If yes, is youth participating in one of the following activities (Note: this provision does not apply until January 2, 2012):

- Completing secondary education (e.g., high school) or a program leading to an equivalent credential (e.g., taking classes in preparation for a general equivalency diploma exam).
- Enrolled in an institution which provides post-secondary (e.g., university or college) or vocational education (e.g., trade school).
- Participating in a program or activity designed to promote, or remove barriers to employment (e.g., enrolled in Job Corps or attending classes on resume writing and interview skills).
- Employed for at least 80 hours per month.
- Is incapable of doing any of the previously described educational or employment activities due to a documented medical condition.
- None of the above.

**LEGAL GUARDIAN:**

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.**

SIGNATURE OF LEGAL GUARDIAN

DATE

COUNTY WHERE SIGNED

DATE

SIGNATURE OF ELIGIBILITY WORKER

DATE

SIGNATURE OF ELIGIBILITY WORKER SUPERVISOR

DATE

**VERIFICATION**

ILP

**VERIFICATION BY SCHOOL**

SCHOOL ATTENDANCE GRADUATION

YES

GUARDIANSHIP VERIFIED

CHILD SUPPORT REFERRAL  
BEST INTEREST DETERMINATION  
NOT TO REFER

NOT ELIGIBLE

ELIGIBLE

FEDERAL

NONFEDERAL

OTHER

**RELEASE OF INFORMATION**

You and any member of your family for whom you are applying for aid must give us a Social Security Number(s) (SSN). The SSN(s) are needed to determine your eligibility. Failure to cooperate may result in denial or discontinuance of aid. Authority: **Welfare and Institutions Code, Section 11268.**

**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (P.L. 93-679) and the information Practices Act of 1977 (Civil Code Sections 1798, et. seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.17 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Forms Officer.

**VOLUNTARY PLACEMENT AGREEMENT  
PARENT/AGENCY  
(Indian Child)**

**COMPLETE IN DUPLICATE:**

One copy to: Parents of Guardian  
Child's Social Service Record

CASE NAME	CASE NUMBER
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I request that the \_\_\_\_\_ County Welfare Department place my child \_\_\_\_\_

in a licensed/certified foster care facility. My reason for the request is \_\_\_\_\_

I know that voluntary foster care is limited to six months and that my child will be returned to me by \_\_\_\_\_ (DATE)

The Agency agrees to:

1. Place my child in accordance with the provisions of the Indian Child Welfare Act (25 United States Code 9001 et. seq.)
2. Arrange for care of my child in a licensed/certified foster care facility.
3. Select the home with the participation of me and my child.
4. Supervise my child while in foster care.
5. Arrange for services which will help my child return home, discuss those services with me and list them in a written service plan.
6. Arrange for medical care. Notify me of emergency medical care or hospitalization of my child.
7. Notify me if a change in foster care facility is necessary.
8. Provide a grievance procedure.
9. Carry out legal consent provisions on behalf of my child in this agreement.

Recognizing my responsibility for the care and welfare of my child, I agree to:

1. Assist the Welfare Department in determining my financial responsibility for the care of my child while in foster care.
2. Keep the Agency advised at all times of my address and telephone number.
3. Visit my child as per arrangement with the placement agency.
4. Allow the Agency to move my child, if necessary, to another foster care facility.
5. My child's participation in the activities planned by the placing agency and/or foster care facility, including trips within the state.
6. Carry out my part of the service plan.
7. Discuss with the Agency placement problems of my child.
8. Give reasonable notice to the placement worker if I plan to move my child, although I retain the right to withdraw my consent to foster care placement at any time.
9. Authorize the foster parent to give consent on behalf of my child except as prohibited by me in the agreement.

I agree the person providing care for my child may give legal consent on behalf of my child except as limited in the following statement.

*(if more space is needed use the reverse side of this form).*

<b>THE UNDERSIGNED HAS CUSTODY AND CONTROL OF THE CHILD</b>				<b>CERTIFICATION</b>	
SIGNATURE OF PARENT		SIGNATURE OF WITNESS TO PARENT		<i>The terms and consequences of the voluntary signing of consent were fully explained to the Indian parent by the Agency representative in my presence, in a language understood by the parent. The right to withdraw consent at any time was also explained.</i>	
SIGNATURE OF PARENT		SIGNED IN PRESENCE OF			
ADDRESS		REPRESENTATIVE, COUNTY WELFARE DEPARTMENT			
		ADDRESS			
HOME PHONE		ALTERNATE PHONE		SIGNATURE OF JUDGE	
		DATE SIGNED		SUPERIOR COURT	
				PHONE	
				DATE SIGNED	

Under provisions specified by State Child Welfare Services, if a child has been voluntarily placed for six consecutive months one of the following actions will be taken (*except for children otherwise provided for by State Department of Social Services regulations*):

- (1) Return the child to the physical custody of his or her parents or guardians.
- (2) Refer the child to a licensed adoption agency for consideration of adoptive planning and receipt of permanent relinquishment of care and custody rights from the parents pursuant to subdivision (m) of Section 224 of the California Civil Code.
- (3) Apply for a petition pursuant to Welfare and Institutions Code Section 332 and file the petition with the Juvenile court to have the child declared a dependent child of the court under Welfare and Institutions Code Section 300.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):    TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
CHILD'S NAME:	
<b>PARENTAL NOTIFICATION OF INDIAN STATUS</b>	CASE NUMBER:

**To the parent, Indian custodian, or guardian of the above-named child: You must provide all the requested information about the child's Indian status by completing this form. If you get new information that would change your answers, you must let your attorney, all the attorneys on the case, and the social worker or probation officer, or the court investigator know immediately and an updated form must be filed with the court.**

1. Name: \_\_\_\_\_
2. Relationship to child:    Parent    Indian custodian    Guardian    Other \_\_\_\_\_
3. a.  I am or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Name of band (if applicable): \_\_\_\_\_
- b.  I may have Indian ancestry. \_\_\_\_\_  
 Name of tribe(s): \_\_\_\_\_  
 Name of band (if applicable): \_\_\_\_\_
- c.  The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
 Name of tribe (name each): \_\_\_\_\_  
 Name of band (if applicable): \_\_\_\_\_
- d.  I have no Indian ancestry as far as I know.
- e.  One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.  
 Name of tribe (name each): \_\_\_\_\_  
 Name of band (if applicable): \_\_\_\_\_  
 Name and relationship of ancestor(s): \_\_\_\_\_
4. A previous form ICWA-020    has    has not   been filed with the court.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

(TYPE OR PRINT NAME)

(SIGNATURE)

**Note: This form is not intended to constitute a complete inquiry into Indian heritage. Further inquiry may be required by the Indian Child Welfare Act.**



CASE NAME:	CASE NUMBER:
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4. **Under the Indian Child Welfare Act (ICWA) and California law:**
- a. The child's parents, Indian custodian, and the child's tribe have the right to be present at all hearings.
  - b. The child's Indian custodian and the child's tribe have the right to intervene in the proceedings when ICWA applies.
  - c. The child's parent, Indian custodian, or tribe may petition the court to transfer the case to the tribal court of the Indian child's tribe. The child's parent or tribe also have the right to refuse to have the case transferred to the tribal court.
  - d. With the limited exceptions of the detention hearing in juvenile cases and the jurisdiction and disposition hearings in delinquency cases as identified in rule 5.482, the court will give up to 20 days from the time of the scheduled hearing if the child's parent, Indian custodian, or tribe request such time to prepare for the hearing.
  - e. The proceedings could lead to the removal of the child from the custody of the parent or Indian custodian and possible adoption of the child.
  - f. If the child's parents or Indian custodian have a right to be represented by a lawyer and if they cannot afford to hire one, a lawyer will be appointed for them.
  - g. The information contained in this notice and all attachments is confidential. Any tribal representative or agent or any other person or entity receiving this information must maintain the confidentiality of this information and not reveal it to anyone who does not need the information in order to exercise the tribe's rights under the Indian Child Welfare Act (25 U.S.C. § 1901 et seq.).
  - h. An Indian custodian is any person who has legal custody of the child under tribal law or custom or state law, or to whom temporary physical custody, care, and control of the child has been transferred by a parent.

5. **INFORMATION ON THE CHILD NAMED IN 1**
- a. The child's birth certificate is  attached  unavailable
  - b. A copy of the tribal registration card of  the child  the parent is attached.
  - c. Biological relative information is listed below. *(Indicate if any of the information requested below is unknown or does not apply. Do not use the abbreviation "N/A".) (Required by Fam. Code, § 180; Prob. Code, § 1460.2; and Welf. & Inst. Code, § 224.2.)*

Biological Mother	Biological Father
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:

CASE NAME:	CASE NUMBER:
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5. c. **INFORMATION ON THE CHILD NAMED IN 1**

*(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)*

<b>Mother's Biological Mother (Child's Maternal Grandmother)</b>	<b>Father's Biological Mother (Child's Paternal Grandmother)</b>
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

<b>Mother's Biological Father (Child's Maternal Grandfather)</b>	<b>Father's Biological Father (Child's Paternal Grandfather)</b>
Name <i>(include former names or aliases):</i>	Name <i>(include former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
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5. d. **INFORMATION ON THE CHILD NAMED IN 1**

*(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)*

<b>Mother's Biological Grandmother (Child's Maternal Great-grandmother)</b>	<b>Mother's Biological Grandmother (Child's Maternal Great-grandmother)</b>
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

<b>Mother's Biological Grandfather (Child's Maternal Great-grandfather)</b>	<b>Mother's Biological Grandfather (Child's Maternal Great-grandfather)</b>
Name <i>(include former names or aliases):</i>	Name <i>(include former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
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5. e. **INFORMATION ON THE CHILD NAMED IN 1**

*(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)*

<b>Father's Biological Grandmother (Child's Paternal Great-grandmother)</b>	<b>Father's Biological Grandmother (Child's Paternal Great-grandmother)</b>
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

<b>Father's Biological Grandfather (Child's Paternal Great-grandfather)</b>	<b>Father's Biological Grandfather (Child's Paternal Great-grandfather)</b>
Name <i>(include former names or aliases):</i>	Name <i>(include former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
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5. f. **INFORMATION ON THE CHILD NAMED IN 1**

*(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)*

Indian Custodian Information	Indian Custodian Information
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current former address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:

6. **ADDITIONAL INFORMATION ON CHILD NAMED IN 1**

*(Indicate if any of the information requested below is unknown.)*

- a.  Biological birth father is named on birth certificate.  Unknown
- b.  Biological birth father has acknowledged parentage.  Unknown
- c.  There has been a judicial declaration of parentage.  Unknown
- d.  Other alleged father *(name each):*

Unknown

**The following optional questions may be helpful in tracing the ancestry of the child in 1.**

7. Has the child in 1 or any members of his or her family ever *(if "yes," provide the information requested below):*

- a. Attended an Indian school?  Yes  No  Unknown

Name/relationship to child	Type of school	Dates attended	Name and location of school

CASE NAME:	CASE NUMBER:
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b. Received medical treatment at an Indian health clinic or U.S. Public Health Service hospital?

Yes    No    Unknown

Name/relationship to child	Type of treatment	Dates of treatment	Location where treatment given

c. Lived on federal trust land, a reservation or rancheria, or an allotment?    Yes    No    Unknown

Name/relationship to child	Name/description of property and address	Dates of residence

d. Other relative information (e.g., aunts, uncles, siblings, first and second cousins, stepparents, etc.)

Name/relationship to child	Current and former address	Birth date and place	Tribe, band, and location

8.  Tribal affiliation and location of child in 1 (check all that apply):

a.  1906 Final Roll   Name of relative listed on roll:

Relationship to child in 1:

b.  Roll of 1924   Name of relative listed on roll:

Relationship to child in 1:

c.  California Judgment Roll.   Roll number, if known:



CASE NAME:	CASE NUMBER:
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**CERTIFICATE OF MAILING—JUVENILE COURT PROCEEDINGS**

**(To be completed by social worker or probation officer.)**

I certify that a copy of the *Notice of Child Custody Proceeding for Indian Child*, with a copy of the petition identified on page 1 of this form, was mailed as follows. Each copy was enclosed in an envelope with postage for registered or certified mail, return receipt requested, fully prepaid. The envelopes were addressed to each person, tribe, or agency as indicated below. (Except that the telephone numbers shown below were not placed on the envelopes. They are shown below because they must be disclosed in the *Notice* under Family Code section 180, Probate Code section 1460.2, and Welfare and Institutions Code section 224.2.) Each envelope was sealed and deposited with the United States Postal Service at *(place)*:  
on *(date)*:

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Department: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE)

**DECLARATION OF MAILING—ADOPTION, FAMILY LAW, AND PROBATE PROCEEDINGS**

**(To be completed by the attorney for Petitioner if Petitioner is represented.)**

I am an attorney at law, admitted to practice in the courts of the State of California, and attorney for Petitioner in this matter. I declare that a copy of the *Notice of Child Custody Proceeding for Indian Child*, with a copy of the petition identified on page 1 of this form, was mailed as follows. Each copy was enclosed in an envelope with postage for registered or certified mail, return receipt requested, fully prepaid. The envelopes were addressed to each person, tribe, or agency as indicated below. (Except that the telephone numbers shown below were not placed on the envelopes. They are shown below because they must be disclosed in the *Notice* under Family Code section 180, Probate Code section 1460.2, and Welfare and Institutions Code section 224.2.) Each envelope was sealed and deposited with the United States Postal Service at *(place)*:  
on *(date)*:

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.  
Date: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY)

**CERTIFICATE OF MAILING—PROBATE PROCEEDINGS**

**(To be completed by the clerk of the court if Petitioner is unrepresented.)**

I certify that a copy of the *Notice of Child Custody Proceeding for Indian Child*, with a copy of the petition, was mailed as follows. Each copy was enclosed in an envelope with postage for registered or certified mail, return receipt requested, fully prepaid. The envelopes were addressed to each person, tribe, or agency as indicated below. (Except that the telephone numbers shown below were not placed on the envelopes. They are shown below because they must be disclosed in the *Notice* under Family Code section 180, Probate Code section 1460.2, and Welfare and Institutions Code section 224.2.) Each envelope was sealed and deposited with the United States Postal Service at *(place)*:  
on *(date)*:

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Department: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE)

**This form and all return receipts must be filed with the court.**

CASE NAME:	CASE NUMBER:
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**NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSONS,  
TRIBES, OR AGENCIES TO WHOM NOTICE WAS MAILED**

<p>1. <input type="checkbox"/> Parent (Name):                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>	<p>2. <input type="checkbox"/> Parent (Name):                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>
<p>3. <input type="checkbox"/> Guardian (Name):                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>	<p>4. <input type="checkbox"/> Guardian (Name):                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>
<p>5. <input type="checkbox"/> Indian Custodian (Name):                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>	<p>6. <input type="checkbox"/> Indian Custodian (Name):                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>
<p>7. <input type="checkbox"/> Sacramento Area Director                  Bureau of Indian Affairs                  Street address: <b>2800 Cottage Way</b>                  City and zip code: <b>Sacramento, CA 95825</b>                  Telephone number:</p>	<p>8. <input type="checkbox"/> Secretary of the Interior                  U.S. Department of the Interior                  Street address: <b>1849 C Street, N.W.</b>                  City, state and zip code: <b>Washington D.C. 20240</b>                  Telephone number:</p>
<p>9. <input type="checkbox"/> Tribe (Name):                  Addressee (Name):                  Title:                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>	<p>10. <input type="checkbox"/> Tribe (Name):                  Addressee (Name):                  Title:                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>
<p>11. <input type="checkbox"/> Tribe (Name):                  Addressee (Name):                  Title:                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>	<p>12. <input type="checkbox"/> Tribe (Name):                  Addressee (Name):                  Title:                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>

**Note: Notice to the tribe must be sent to the tribe chairman or designated authorized agent for service.**

Additional tribes served listed on attached form ICWA-030(A)

CASE NAME:	CASE NUMBER:
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**ATTACHMENT TO NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD**

*(This attachment may be used with form ICWA-030 to show additional tribes or bands served with the Notice)*

**NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSONS, TRIBES,  
OR AGENCIES TO WHOM NOTICE WAS MAILED (Continued)**

<input type="checkbox"/> Tribe (Name):	
Addressee (Name):	<div style="border-bottom: 1px solid black; height: 100px;"></div>
Title:	
Street address:	
Mailing address:	
City, state and zip code:	
Telephone number:	
<input type="checkbox"/> Tribe (Name):	
Addressee (Name):	<div style="border-bottom: 1px solid black; height: 100px;"></div>
Title:	
Street address:	
Mailing address:	
City, state and zip code:	
Telephone number:	
<input type="checkbox"/> Tribe (Name):	
Addressee (Name):	<div style="border-bottom: 1px solid black; height: 100px;"></div>
Title:	
Street address:	
Mailing address:	
City, state and zip code:	
Telephone number:	
<input type="checkbox"/> Tribe (Name):	
Addressee (Name):	<div style="border-bottom: 1px solid black; height: 100px;"></div>
Title:	
Street address:	
Mailing address:	
City, state and zip code:	
Telephone number:	

<input type="checkbox"/> Tribe (Name):	
Addressee (Name):	<div style="border-bottom: 1px solid black; height: 100px;"></div>
Title:	
Street address:	
Mailing address:	
City, state and zip code:	
Telephone number:	
<input type="checkbox"/> Tribe (Name):	
Addressee (Name):	<div style="border-bottom: 1px solid black; height: 100px;"></div>
Title:	
Street address:	
Mailing address:	
City, state and zip code:	
Telephone number:	
<input type="checkbox"/> Tribe (Name):	
Addressee (Name):	<div style="border-bottom: 1px solid black; height: 100px;"></div>
Title:	
Street address:	
Mailing address:	
City, state and zip code:	
Telephone number:	
<input type="checkbox"/> Tribe (Name):	
Addressee (Name):	<div style="border-bottom: 1px solid black; height: 100px;"></div>
Title:	
Street address:	
Mailing address:	
City, state and zip code:	
Telephone number:	