State of Illinois Department of Children and Family Services

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: X
Type of Case: DCP Intact Placement TRP Post-TPR Sub Guardianship Adoption Post-Adoption Expedited Adoption
PERMANENCY GOAL: Return Home Within 5 Months (21) Return Home Within 1 Year (22) Return Home Pending Status Hearing (23) Substitute Care Pending Court Decision on Termination (24) Adoption, if Parental Rights are Terminated/Relinquished (25) When was the Goal Established What is the Achievement Date
what is the Achievement Date
Date case onen with IDCES

Family Tree Begins

CHILD(REN) NAM	IE (List all Siblings)	DOB	ID# OR SCR#/ SACWIS #	
Current Placement: Relative Non-Relative/Traditional Home Residential American/Alaskan Indian Home Non-Indian Home				
If Relative, how is Relative related to child?				
Is biological mother repor	ting an identified tribe (if m	nore than one tribe, list	t each tribe's name)?	
Yes, Tribe name/Loca	tion			
☐ No ☐ Unide			tribal affiliation is unknown, no name)	
Is biological father reporti	ng an identified tribe (if mo	ore then one tribe list	each tribe's name)?	
Ves Tribe name/Local	tion	one than one tribe, list	each tribe's hame):	
			tribal affiliation is unknown, no name)	
	numed (means, no identified	d tilbe is reported, the	urbar armation is unknown, no name)	
	Biologica	l Mother's Informat	ion	
Full Name:				
Middle Name:				
Maiden Name:				
DOB:	SS#:	Tribal Me	ember: Yes No Unknown	
Tribe Name:	Tribe Geographic Location:			
	Is a member enrollment card available from family member? (If, yes, please send a copy along with the intake form.) Yes No			
Biological Father's Information				
Full Name:				
Middle Name:				
DOB:	SS#:	Tribal Me	ember: Yes No Unknown	
Tribe Name:		Tribe Geographic Loc	ation:	
Is a member enrollment card available from family member? (If, yes, please send a copy along with the intake form.) Yes No				

Biologic	cal Mother's Parent's Information (N	Maternal Grandparents to Chi	ld(ren))
Full Grandmother's Name:	,	*	. ,,
Middle Name:			
Maiden Name:			
DOB:	SS#:	Tribal Member Yes No	Unknown
Tribe Name:			
Tribe Geographic Location:			
Full Grandfather's Name:			
Middle Name:			
DOB:	SS#:	Tribal Member Yes No	Unknown
Tribe Name:			
Tribe Geographic Location:			
paper and include with the in	or more ancestral Indian heritage provide take form. Information will be attached to the form.	ed, please list at the end of the intake	e form or list on a separate
Biologi	ical Father's Parent's Information (I	Paternal Grandparents to Chil	d(ren))
Full Grandmother's Name:			
Middle Name: :			
Maiden Name:			
DOB:	SS#:	Tribal Member Yes No	Unknown
Tribe Name:			
Tribe Geographic Location:			
Full Grandfather's Name:			
Middle Name:			
DOB:	SS#:	Tribal Member Yes No	Unknown
Tribe Name:			
Tribe Geographic Location:			
paper and include with the in) or more ancestral Indian heritage provide take form.	ed, please list at the end of the intake	e form or list on a separate

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 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:	