

## EXTENDED FAMILY AND FAMILY FRIEND INFORMATION FORM

**Instructions:** This form may be completed immediately after a child has been removed from their home, or anytime an extended family member or family friend tells a Tribal worker they want placement of a child in State custody.

- Give one copy to the primary OCS worker (email, fax, or delivered by hand)
- Give one copy to the OCS Regional ICWA Specialist (email, fax, or delivered by hand)

<b>Tribe:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Person submitting form:</b>	
<b>Date submitted:</b>	

### Parent and Child Information

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
 Children: \_\_\_\_\_

### Extended Family or Family Friends Requesting Placement

The extended family members and/or family friends below have been in contact with the Tribe and are willing and able to take immediate placement of the above children.

Name	Birth Date (if known)	Relationship to Child (if not related, enter family friend)	Mailing Address and E-Mail Address	Phone

If needed, list additional names and contact information on another piece of paper and attach. Please specify if the individual is requesting immediate and permanent placement so a proxy form can be completed and filed.

