

Fostering Connections/Tribal Relative Search” (DSS-5336) Instructions

North Carolina General Statute § 143B-139.5A was enacted to support collaboration between the following North Carolina agencies; the Division of Social Services, the NC Association of County Directors of Social Services and the Commission of Indian Affairs.

While the placement decision making authority remains with the county department and the court system, the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) requires child welfare agencies to make diligent efforts to notify all adult grandparents and other adult relatives of a child within 30 days of the child’s removal from the parent of their options to participate in the care and placement of the child.

Section A

1. This form is only used with cases found to be Substantiated or In Need of Services.
2. This form should be used only when a parent is unwilling or unavailable to give consent. If the social worker has obtained information regarding a child’s potential Indian heritage from a source other than the child’s parent/legal guardian this form is to be used.
3. Make a copy of Section A and attach it to Section B before sending the materials to the tribe.

Section B

1. The social worker should fill out Part 1. The tribe should fill out Part 2.
2. If (1) is checked inform the family of the tribe’s response and file the form.
3. If (2) is checked inform the family that the tribe is still researching potential membership. Contact the tribe within 15 days.
4. If (3b) is checked and the tribe provides a representative name, the social worker should contact the tribal representative within 5 working days.
5. If (3c) is checked the social worker should attempt to contact all individuals listed within 10 working days to inquire about their desired level of involvement.
Exception: potential placements should be explored immediately.

Fostering Connections/Tribal Relative Search

Section A

[County Name]
Department of Social Services
[Office Address, phone, fax]

Tribe name and contact information: _____
Social worker's name and phone: _____

Name(s) of Child(ren)	D.O.B.	Place of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dear Tribal Representative:

The purpose of this letter is to inform you that the above listed child(ren) has/have come to the attention of [County] Department of Social Services (DSS). It has come to our attention that [child(ren)'s name(s)] may have ancestry within your tribe. North Carolina G.S. § 143B-139.5A was enacted to support collaboration between the following North Carolina agencies; the Division of Social Services, the NC Association of County Directors of Social Services and the Commission of Indian Affairs. While the placement decision making authority remains with the county department and the court system, the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) requires child welfare agencies to make diligent efforts to notify all adult grandparents and other adult relatives of a child within 30 days of the child's removal from the parent of their options to participate in the care and placement of the child. [County] DSS has received information that the child may have ancestry in your tribe. To ensure compliance with G.S. § 143B-139.5A, DSS respectfully requests your assistance in determining [child(ren)'s] tribal ancestry.

DSS also has the following family information to assist you in your search:

Parent's name: _____ D.O.B.: _____
Parent's name: _____ D.O.B.: _____
Grandparent's name: _____ D.O.B.: _____
Grandparent's name: _____ D.O.B.: _____

Please complete Part 2 of Section B and return to [County] DSS by [____(date)____]. Our partnership is critical to achieve the best outcomes for the child(ren); however if we do not hear from you by [____(date)____] we must proceed without input from the tribe. Thank you for your time and cooperation.

Sincerely,

Social Worker's Name, County DSS office

Section B

This document may be used by the tribe to communicate via mail or fax with the local DSS office. You may also choose to initiate contact by calling the social worker directly. The social worker has provided his/her contact information in Part 1 below for you to use in communicating with the agency.

Part 1:

Social Worker: _____ Address: _____ Phone/Fax/Email: _____

Name(s) of Child(ren): _____

Part 2:

The above named child(ren) has/have come to the attention of [County] Department of Social Services (DSS) Child Protective Services. It has come to our attention that [child(ren)'s name(s)] may have ancestry within your tribe. **We hope that this form will be used as a first step in an ongoing relationship between our agency and your tribe.**

[County] Department of Social Services respectfully asks that you please check one or more of the boxes below and return this form via fax or mail or contact the social worker by phone or email within 15 business days, by [____ date____]. If eligible, we look forward to working with you in the best interest of this child.

(1) Based on the information available to us at this time we have determined that the child(ren) is/are not eligible for membership in the [____(name of tribe)____]. **Please stop here and return form to the social worker.**

(2) We are still in the process of researching potential tribal membership for the child(ren). Please allow us a maximum of 15 additional days, until [____ date____] to research this family. **DSS recommends that if you have circled this option you should call the social worker directly to inform him/her of your continued efforts.**

(3) The child(ren) is/are eligible for [____(name of tribe)____] membership; and we would like to provide you with the following information:

The tribe has enrolled the child(ren). The enrollment number(s) is/are: _____.

The tribe has assigned/will assign a representative to be an advocate in the child(ren)'s case. His/Her contact information is _____ OR this information is forthcoming.

The tribe has located the following relatives or individuals, who would like to be considered for involvement with the child(ren), either for placement, visitation, or other types of communication: (use additional sheets if necessary). **If you have**

a potential foster care placement that DSS should consider please call the social worker with this information.

Name/relation:
Contact information:

Name/relation:
Contact information:

Name/relation:
Contact information:

- The tribe wishes to be invited to all court proceedings, Child and Family Team meetings, and any other meetings involving the child(ren).
- Please use this space to list any additional services the tribe may provide to the child(ren) or any additional information the tribe wishes to share with DSS:

- (4) We have determined that the child(ren) does/do have [tribe] ancestry, but we are unable to provide any services to the family at this time due to_____. If this changes someone from the tribe will contact the social worker directly.
- (5) We are unable to make a determination based on the information provided. If DSS obtains more information about the child(ren) and/or family please contact us again.

Please fill out the following information before returning this form:

Tribe's name: _____

Contact person: _____

Address: _____

Phone/fax/email: _____

Preferred method of communication (check one): phone fax mail email

Additional information:_____

Signature and date: _____

The person signing this form should be the designated DSS tribal contact (i.e.: Tribal Enrollment Officer).