NATIVE AMERICAN TRAINING INSTITUTE

NATI

ICWA FAMILY PRESERVATION PROGRAM

VOLUNTARY SUPPORT REFERRAL FORM

Please complete and email to: Jessi Leneaugh | jessil@nativeinstitute.org

AGENCY INFORMATION

Agency Name: _____

Human Services Zone: _____

Phone: _____

WORKER INFORMATION

Worker Name: _____

Title: _____

Phone: _____

Email: _____

CAREGIVER / PARENT 1 INFORMATION

Full Legal Name: _____

Address: _____

_____

Phone: _____

Email: _____

Primary Caregiver: ☐ Yes ☐ No

Tribal Affiliation(s): _____

Enrolled Member of Tribe: ☐ Yes ☐ No ☐ Unknown

CAREGIVER / PARENT 2 INFORMATION

Full Legal Name: _____

Address: _____

_____

Phone: _____

Email: _____

Primary Caregiver: ☐ Yes ☐ No

Tribal Affiliation(s): _____

Enrolled Member of Tribe: ☐ Yes ☐ No ☐ Unknown

FAMILY CONSENT

The family has been informed about the ICWA Family Preservation Program voluntary support services and has agreed to this referral. They understand the program is not acting as an authorized representative of a Tribal Nation.

Family Consent to Refer: ☐ Yes ☐ No

The information on this form will be used only to connect the family with voluntary support services through the ICWA Family Preservation Program.

Thank you for partnering to support Native children and families.

Questions? Contact Jessi Leneaugh, IFP Program Director

Phone: (701) 255-3285 | Email: jessil@nativeinstitute.org | Website: www.nativeinstitute.org