



## Local Indian Child Welfare Advisory Committee (LICWAC) Referral

Date \_\_\_\_\_ Region: Select

Case Worker \_\_\_\_\_ Office \_\_\_\_\_

Case Name \_\_\_\_\_ Case Number \_\_\_\_\_

Date of Placement Care and Authority (PCA) \_\_\_\_\_ Date of initial Shelter Care (SC) \_\_\_\_\_

Case History: Clearly explain in detail why child(ren) are in care. Describe active efforts to engage family, maintain family unit/work towards reunification: 17 Safety Threats:

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Mother \_\_\_\_\_ Date of Birth \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_

☐ Identity of the Tribe unknown

☐ No Tribal heritage or Indian ancestry

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Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father \_\_\_\_\_ Date of Birth \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_

☐ Identity of the Tribe unknown

☐ No Tribal heritage or Indian ancestry

Child Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Father \_\_\_\_\_

Date of Birth \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_

☐ Identity of the Tribe unknown

☐ No Tribal heritage or Indian ancestry

Child Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Father \_\_\_\_\_

Date of Birth \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_

☐ Identity of the Tribe unknown

☐ No Tribal heritage or Indian ancestry

**Individuals to be included in LICWAC: CASA, Attorneys, Providers, caregivers, parents, DCYF staff, Others**

Name	Phone/email	Relationship

Send completed form to your office LICWAC Liaison