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|  | **NAPA COUNTY CWS****RELATIVE NOTIFICATIONS****FAMILY CONTACT AND FAMILY TREE** |  |  |  |
|  |  | Child’s Name: |  |  |
|  |  |       |
|  |  | Case Number: |  |  |
|  |  |  |  |  |       |
| Mother’s Name |  |  |  | Maiden Name |  |  | Alias/Nickname |  |  |
|       |       |       |
| DATE of Birth |  | Native American | Tribal Affiliation |  |  |  | Enrollment Number |
|       | [ ]  Yes | [ ]  No |       |       |
| NAMES OF CHILDREN | DATE OF BIRTH | NAMES OF CHILDREN | DATE OF BIRTH |
|       |       |       |       |
|       |       |       |       |
|  | [ ]  RELATIVE NOTIFICATION ORAL |  | [ ]  RELATIVE NOTIFICATION ORAL |
| Maternal Grandmother’s Name | [ ]  RELATIVE NOTIFICATION MAILED | Maternal Grandfather’s Name | [ ]  RELATIVE NOTIFICATION MAILED |
|       |       |
| Maiden name |  |  | Alias name |  | Alias Name |  |  |  |  |
|       |       |       |
| Address |  | City |  | State | Zip code | Address |  | City |  | State | Zip code |
|       |       |    |       |       |       |    |       |
| Telephone Number | Social Security Number | Date of Birth | Telephone Number | Social Security Number | Date of Birth |
|       |       |       |       |       |       |
| Native American | Tribal affiliation | Enrollment number | Native American | Tribal affiliation | Enrollment number |
| [ ]  Yes | [ ]  No |       |       | [ ]  Yes | [ ]  No |       |       |
| Contacted |  | If yes Date | If No why |  |  | Contacted |  | If yes Date | If No why |  |  |
| [ ]  Yes | [ ]  No |       |       | [ ]  Yes | [ ]  No |       |       |
| **Are they willing to be a resource/support to this child(ren)** | [ ]  Yes | [ ]  No | **Are they willing to be a resource/support to this child(ren)** | [ ]  Yes | [ ]  No |
| **TYPE OF RESOURCE /SUPPORT** |  |  | **TYPE OF RESOURCE/SUPPORT** |  |  |
| [ ]  Placement | [ ]  Take to appointments |  | [ ]  Placement | [ ]  Take to appointments |  |
| [ ]  Respite |  | [ ]  Transportation |  | [ ]  Respite |  | [ ]  Transportation |  |
| [ ]  Visitation with child | [ ]  Holiday Celebrations |  | [ ]  Visitation with child | [ ]  Holiday Celebrations |  |
| [ ]  Visitation support | [ ]  Other |       | [ ]  Visitation support | [ ]  Other |       |
| [ ]  Visitation overnights |  |       | [ ]  Visitation overnights |  |       |
| [ ]  Correspondence |  |       | [ ]  Correspondence |  |       |
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| [ ]  Great |       |  | [ ]  Great |       |  | [ ]  Great |       |  | [ ]  Great |       |  |
| [ ]  Step |       |  | [ ]  Step |       |  | [ ]  Step |       |  | [ ]  Step |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  Aunt |  | [ ]  Uncle | [ ]  Aunt |  | [ ]  Uncle | [ ]  Aunt |  | [ ]  Uncle | [ ]  Aunt |  | [ ]  Uncle |
| [ ]  Cousin |  | [ ]  Other | [ ]  Cousin |  | [ ]  Other | [ ]  Cousin |  | [ ]  Other | [ ]  Cousin |  | [ ]  Other |
| [ ]  Adult Sibling |  |  | [ ]  Adult Sibling |  |  | [ ]  Adult Sibling |  |  | [ ]  Adult Sibling |  |  |
| [ ]  Adult Nephew / Niece |  | [ ]  Adult Nephew / Niece |  | [ ]  Adult Nephew / Niece |  | [ ]  Adult Nephew / Niece |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name |  |  |  | Name |  |  |  | Name |  |  |  | Name |  |  |  |
|       |       |       |       |
| Address |  |  |  | Address |  |  |  | Address |  |  |  | Address |  |  |  |
|       |       |       |       |
| Telephone # | Social Security # | Telephone # | Social Security # | Telephone # | Social Security # | Telephone # | Social Security # |
|       |       |       |       |       |       |       |       |
| Date of Birth | Native American | Date of Birth | Native American | Date of Birth | Native American | Date of Birth | Native American |
|       | [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |
| Tribal Affiliation | Enrollment # | Tribal Affiliation | Enrollment # | Tribal Affiliation | Enrollment # | Tribal Affiliation | Enrollment # |
|       |       |       |       |       |       |       |       |
| Contacted Oral? | If YES, date | Contacted Oral? | If YES, date | Contacted Oral? | If YES, date | Contacted Oral? | If YES, date |
| [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |       |
| Contacted Mail? | If YES, date | Contacted Mail? | If YES, date | Contacted Mail? | If YES, date | Contacted Mail? | If YES, date |
| [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |       |
| If NO Contact either Oral/Written, why? | If NO Contact either Oral/Written, why? | If NO Contact either Oral/Written, why? | If NO Contact either Oral/Written, why? |
|       |       |       |       |
| Type of Resource/Support |  | Type of Resource/Support |  | Type of Resource/Support |  | Type of Resource/Support |  |
|  |  |  |  |  |  |  |  |
| [ ]  Placement | [ ]  Respite | [ ]  Placement | [ ]  Respite | [ ]  Placement | [ ]  Respite | [ ]  Placement | [ ]  Respite |
| [ ]  Visitation with child |  | [ ]  Visitation with child |  | [ ]  Visitation with child |  | [ ]  Visitation with child |  |
| [ ]  Visitation support |  | [ ]  Visitation support |  | [ ]  Visitation support |  | [ ]  Visitation support |  |
| [ ]  Visitation Overnights |  | [ ]  Visitation Overnights |  | [ ]  Visitation Overnights |  | [ ]  Visitation Overnights |  |
| [ ]  Correspondence |  | [ ]  Correspondence |  | [ ]  Correspondence |  | [ ]  Correspondence |  |
| [ ]  Take to appointments |  | [ ]  Take to appointments |  | [ ]  Take to appointments |  | [ ]  Take to appointments |  |
| [ ]  Transportation |  |  | [ ]  Transportation |  |  | [ ]  Transportation |  |  | [ ]  Transportation |  |  |
| [ ]  Holiday Celebrations |  | [ ]  Holiday Celebrations |  | [ ]  Holiday Celebrations |  | [ ]  Holiday Celebrations |  |
| [ ]  Other |       | [ ]  Other |       | [ ]  Other |       | [ ]  Other |       |
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|  | **NAPA COUNTY CWS****RELATIVE NOTIFICATIONS****FAMILY CONTACT AND FAMILY TREE** |  |  |  |
| Child’s Name: |  |  |
|       |
| Case Number: |  |  |
|  |  |  |  |       |
| Father’s Name |  |  |  | Alias/Nickname |  |  | Alias/Nickname |  |  |
|       |       |       |
| DATE of Birth |  | Native American | Tribal Affiliation |  |  |  | Enrollment Number |
|       | [ ]  Yes | [ ]  No |       |       |
| NAMES OF CHILDREN | DATE OF BIRTH | NAMES OF CHILDREN | DATE OF BIRTH |
|       |       |       |       |
|       |       |       |       |
|  | [ ]  RELATIVE NOTIFICATION ORAL |  | [ ]  RELATIVE NOTIFICATION ORAL |
| Paternal Grandmother’s Name | [ ]  RELATIVE NOTIFICATION MAILED | Paternal Grandfather’s Name | [ ]  RELATIVE NOTIFICATION MAILED |
|       |       |
| Maiden name |  |  | Alias name |  | Alias Name |  |  |  |  |
|       |       |       |
| Address |  | City |  | State | Zip code | Address |  | City |  | State | Zip code |
|       |       |    |       |       |       |    |       |
| Telephone Number | Social Security Number | Date of Birth | Telephone Number | Social Security Number | Date of Birth |
|       |       |       |       |       |       |
| Native American | Tribal affiliation | Enrollment number | Native American | Tribal affiliation | Enrollment number |
| [ ]  Yes | [ ]  No |       |       | [ ]  Yes | [ ]  No |       |       |
| Contacted |  | If yes Date | If No why |  |  | Contacted |  | If yes Date | If No why |  |  |
| [ ]  Yes | [ ]  No |       |       | [ ]  Yes | [ ]  No |       |       |
| **Are they willing to be a resource/support to this child(ren)** | [ ]  Yes | [ ]  No | **Are they willing to be a resource/support to this child(ren)** | [ ]  Yes | [ ]  No |
| **TYPE OF RESOURCE /SUPPORT** |  |  | **TYPE OF RESOURCE/SUPPORT** |  |  |
| [ ]  Placement | [ ]  Take to appointments |  | [ ]  Placement | [ ]  Take to appointments |  |
| [ ]  Respite |  | [ ]  Transportation |  | [ ]  Respite |  | [ ]  Transportation |  |
| [ ]  Visitation with child | [ ]  Holiday Celebrations |  | [ ]  Visitation with child | [ ]  Holiday Celebrations |  |
| [ ]  Visitation support | [ ]  Other |       | [ ]  Visitation support | [ ]  Other |       |
| [ ]  Visitation overnights |  |       | [ ]  Visitation overnights |  |       |
| [ ]  Correspondence |  |       | [ ]  Correspondence |  |       |
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| [ ]  Great |       |  | [ ]  Great |       |  | [ ]  Great |       |  | [ ]  Great |       |  |
| [ ]  Step |       |  | [ ]  Step |       |  | [ ]  Step |       |  | [ ]  Step |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  Aunt |  | [ ]  Uncle | [ ]  Aunt |  | [ ]  Uncle | [ ]  Aunt |  | [ ]  Uncle | [ ]  Aunt |  | [ ]  Uncle |
| [ ]  Cousin |  | [ ]  Other | [ ]  Cousin |  | [ ]  Other | [ ]  Cousin |  | [ ]  Other | [ ]  Cousin |  | [ ]  Other |
| [ ]  Adult Sibling |  |  | [ ]  Adult Sibling |  |  | [ ]  Adult Sibling |  |  | [ ]  Adult Sibling |  |  |
| [ ]  Adult Nephew / Niece |  | [ ]  Adult Nephew / Niece |  | [ ]  Adult Nephew / Niece |  | [ ]  Adult Nephew / Niece |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name |  |  |  | Name |  |  |  | Name |  |  |  | Name |  |  |  |
|       |       |       |       |
| Address |  |  |  | Address |  |  |  | Address |  |  |  | Address |  |  |  |
|       |       |       |       |
| Telephone # | Social Security # | Telephone # | Social Security # | Telephone # | Social Security # | Telephone # | Social Security # |
|       |       |       |       |       |       |       |       |
| Date of Birth | Native American | Date of Birth | Native American | Date of Birth | Native American | Date of Birth | Native American |
|       | [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |
| Tribal Affiliation | Enrollment # | Tribal Affiliation | Enrollment # | Tribal Affiliation | Enrollment # | Tribal Affiliation | Enrollment # |
|       |       |       |       |       |       |       |       |
| Contacted Oral? | If YES, date | Contacted Oral? | If YES, date | Contacted Oral? | If YES, date | Contacted Oral? | If YES, date |
| [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |       |
| Contacted Mail? | If YES, date | Contacted Mail? | If YES, date | Contacted Mail? | If YES, date | Contacted Mail? | If YES, date |
| [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |       |
| If NO Contact either Oral/Written, why? | If NO Contact either Oral/Written, why? | If NO Contact either Oral/Written, why? | If NO Contact either Oral/Written, why? |
|       |       |       |       |
| Type of Resource/Support |  | Type of Resource/Support |  | Type of Resource/Support |  | Type of Resource/Support |  |
|  |  |  |  |  |  |  |  |
| [ ]  Placement | [ ]  Respite | [ ]  Placement | [ ]  Respite | [ ]  Placement | [ ]  Respite | [ ]  Placement | [ ]  Respite |
| [ ]  Visitation with child |  | [ ]  Visitation with child |  | [ ]  Visitation with child |  | [ ]  Visitation with child |  |
| [ ]  Visitation support |  | [ ]  Visitation support |  | [ ]  Visitation support |  | [ ]  Visitation support |  |
| [ ]  Visitation Overnights |  | [ ]  Visitation Overnights |  | [ ]  Visitation Overnights |  | [ ]  Visitation Overnights |  |
| [ ]  Correspondence |  | [ ]  Correspondence |  | [ ]  Correspondence |  | [ ]  Correspondence |  |
| [ ]  Take to appointments |  | [ ]  Take to appointments |  | [ ]  Take to appointments |  | [ ]  Take to appointments |  |
| [ ]  Transportation |  |  | [ ]  Transportation |  |  | [ ]  Transportation |  |  | [ ]  Transportation |  |  |
| [ ]  Holiday Celebrations |  | [ ]  Holiday Celebrations |  | [ ]  Holiday Celebrations |  | [ ]  Holiday Celebrations |  |
| [ ]  Other |       | [ ]  Other |       | [ ]  Other |       | [ ]  Other |       |
|  |  |  |  |