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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 | | | | |
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|  | | | | | | 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 | |  | |  | | |  | | | | |  | |
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| 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 | | |  | | | | |  |
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| 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 | | | | | | | |  |
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| Name | | | |  | | |  | |  | Name | | | |  | | |  | |  | Name | | | |  | | |  | |  | Name | | | |  | |  | |  |
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| Telephone # | | | | | Social Security # | | | | | Telephone # | | | | | Social Security # | | | | | Telephone # | | | | | Social Security # | | | | | Telephone # | | | | | Social Security # | | | |
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| 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 # | | | |
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| 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? | | | | | | | | |
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| Type of Resource/Support | | | | | | | | |  | Type of Resource/Support | | | | | | | | |  | Type of Resource/Support | | | | | | | | |  | Type of Resource/Support | | | | | | | |  |
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| 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 | | | | |
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|  | | | | | | 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 | |  | |  | | |  | | | | |  | |
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| 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 | | |  | | | | |  |
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| 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 | | | | | | | |  |
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| Name | | | |  | | |  | |  | Name | | | |  | | |  | |  | Name | | | |  | | |  | |  | Name | | | |  | |  | |  |
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| Address | | | |  | | |  | |  | Address | | | |  | | |  | |  | Address | | | |  | | |  | |  | Address | | | |  | |  | |  |
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| 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 # | | | |
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| 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? | | | | | | | | |
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| 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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