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| **MENOMINEE INDIAN TRIBE OF WISCONSIN MENOMINEE TRIBAL COURT** | | | |  |
| IN THE INTEREST OF      Name      Date of Birth | | **Statement of Active Efforts**  Case No. | |
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| Active efforts to provide remedial services and rehabilitation programs designed to prevent the breakup of the family were made as follows: | | | | |
| 1. | Representatives designated by the Indian child's tribe with substantial knowledge of prevailing social and cultural standards and child-rearing practice within the tribal community were requested to evaluate the circumstances of the Indian child's family and to assist in developing a case plan that uses resources of the tribe and Indian community, including traditional and customary support, actions, and services. | | | |
|  | Yes  No Describe activities or explain why not conducted: | | | |
|  |  | | | |
| 2. | A comprehensive assessment of the situation of the Indian child's family was completed, including a determination of the likelihood of protecting the child's health, safety, and welfare effectively in the child's home. | | | |
|  | Yes  No Describe activities or explain why not conducted: | | | |
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| 3. | Representatives of the Indian child's tribe were identified, notified, and invited to participate in all aspects of the proceedings at the earliest possible point and their advice was actively solicited throughout the proceedings. | | | |
|  | Yes  No Describe activities or explain why not conducted: | | | |
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| 4. | Extended family members of the Indian child, including extended family members who were identified by the Indian child's tribe or parents, were notified and consulted with to identify and provide family structure and support for the Indian child, to assure cultural connections, and to serve as placement resources. | | | |
|  | Yes  No Describe activities or explain why not conducted: | | | |
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| 5. | Arrangements were made to provide natural and unsupervised family interaction in the most natural setting that can ensure the Indian child's safety, as appropriate to the goals of the permanency plan, including arrangements for transportation and other assistance to enable family members to participate in that interaction. | | | |
|  | Yes  No Describe activities or explain why not conducted: | | | |
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| 6. | All available family preservation strategies were offered or employed and the involvement of the Indian child's tribe was requested to identify those strategies and to ensure they are culturally appropriate to the tribe. | | | |
|  | Yes  No Describe activities or explain why not conducted: | | | |
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| 7. | Community resources offering housing, financial, and transportation assistance and in-home support services, in-home intensive treatment services, community support services, and specialized services for members of the Indian child's family with special needs were identified, information about those resources was provided to the family, and the family was actively assisted or offered active assistance in accessing those resources. | | | |
|  | Yes  No Describe activities or explain why not conducted: | | | |
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| 8. | Monitoring of client progress and client participation in services was provided. | | | |
|  | Yes  No Describe activities or explain why not conducted: | | | |
|  |  | | | |
| 9. | A consideration of alternative ways of addressing the needs of the Indian child's family was provided, if services did not exist or if existing services were not available to the family. | | | |
|  | Yes  No Describe activities or explain why not conducted: | | | |
|  |  | | ►  Signature    Name Printed or Typed    Address    Email Address Telephone Number    Date State Bar No. (if any) | |