

**RELATIVE AND/OR FICTIVE KIN
RESOURCES AND SUPPORTS**

DATE

Child's Name: Birth Date:.....

Use this form to identify relatives and fictive kin (people close to the family but not related) who may be resources and supports for the above-referenced child and/or the child's family. As you consider possible resources and supports, think about who lives in the family's home, extended family members living close by, who the parent and child go to for advice or help, who the family gathers with for the holidays, and other people the child and family may be close with at church, school, etc. Up to two (2) persons may be identified per form. Use additional forms as necessary.

After completion, a copy of this form will be provided to the local department of social services family services specialist assigned to the child/family. The information will be incorporated into the local department's diligent search documentation and used to explore opportunities to engage the identified person(s) in the child's life.

Name of person providing information:

I. Type of Resource or Support	
Check all that apply: <input type="checkbox"/> Placement <input type="checkbox"/> Visitation <input type="checkbox"/> Correspondence <input type="checkbox"/> Cultural/Ethnic Connections <input type="checkbox"/> Respite <input type="checkbox"/> Other:	
Details About Possible Resource or Support	
Name:	Birth Date (or est. age):
Address:	
Phone No.: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	E-mail Address:
Relationship status: <input type="checkbox"/> Single <input type="checkbox"/> Dating <input type="checkbox"/> Living with someone <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Spouse/Partner Name:	Birth Date (or est. age): <input type="checkbox"/> DECEASED
Connection to the Child	
This is the child's: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Sibling <input type="checkbox"/> Other relative: <input type="checkbox"/> Fictive kin:	
If this person is the child's mother or father or a relative, is he/she Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, Tribal membership/affiliation:	
Emotional Relationship with the Child and Members of the Child's Family	
1. Describe the emotional relationship between this possible resource or support and the child. (Examples of emotional relationships: no contact, limited contact, friendly, very close, conflict, neglect, emotional abuse, physical abuse, sexual abuse.)	
2. Describe the emotional relationship (see above examples) between the possible resource or support and the child's:	
a. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Brother <input type="checkbox"/> Sister Name: <input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> STEP <input type="checkbox"/> HALF <input type="checkbox"/> ADOPTED Emotional Relationship:	
b. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Brother <input type="checkbox"/> Sister Name: <input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> STEP <input type="checkbox"/> HALF <input type="checkbox"/> ADOPTED Emotional Relationship:	
c. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Brother <input type="checkbox"/> Sister Name: <input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> STEP <input type="checkbox"/> HALF <input type="checkbox"/> ADOPTED Emotional Relationship:	
d. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Brother <input type="checkbox"/> Sister Name: <input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> STEP <input type="checkbox"/> HALF <input type="checkbox"/> ADOPTED Emotional Relationship:	

II. Type of Resource or Support

Check all that apply: Placement Visitation Correspondence Cultural/Ethnic Connections Respite
 Other:

Details About Possible Resource or Support

Name: _____ Birth Date (or est. age): _____

Address: _____

Phone No.: _____ HOME WORK CELL E-mail Address: _____

Relationship status: Single Dating Living with someone Married Separated Divorced Widowed
Spouse/Partner Name: _____ Birth Date (or est. age): _____ DECEASED

Connection to the Child

This is the child's: Mother Father Grandmother Grandfather Uncle Aunt Sibling
 Other relative: _____ Fictive kin: _____

If this person is the child's mother or father or a relative, is he/she Native American?
 Yes No Unknown If yes, Tribal membership/affiliation: _____

Emotional Relationship with the Child and Members of the Child's Family

1. Describe the emotional relationship between this possible resource or support and the child. (Examples of emotional relationships: no contact, limited contact, friendly, very close, conflict, neglect, emotional abuse, physical abuse, sexual abuse.)

2. Describe the emotional relationship (see above examples) between the possible resource or support and the child's:
a. Mother Father Grandmother Grandfather Aunt Uncle Brother Sister
Name: _____ BIOLOGICAL STEP HALF ADOPTED
Emotional Relationship: _____

b. Mother Father Grandmother Grandfather Aunt Uncle Brother Sister
Name: _____ BIOLOGICAL STEP HALF ADOPTED
Emotional Relationship: _____

c. Mother Father Grandmother Grandfather Aunt Uncle Brother Sister
Name: _____ BIOLOGICAL STEP HALF ADOPTED
Emotional Relationship: _____

d. Mother Father Grandmother Grandfather Aunt Uncle Brother Sister
Name: _____ BIOLOGICAL STEP HALF ADOPTED
Emotional Relationship: _____

Release of Information

I understand that upon completion, a copy of this form will be provided to the local department of social services family services specialist assigned to the child/family for incorporation into the local department's diligent search documentation and used to explore opportunities to engage the identified persons in the child's life. I consent to the sharing of this form and the information it contains with the local department of social services for these purposes.

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PARENT'S SIGNATURE DATE