

Indian Child & Family Preservation Program

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ICWA Consultation and Training Request Form

Date of Request:

Requestor's Name:

Requestor's Affiliated Agency, Organization, and/or Tribe:

Services Requested:

Consultation Training Both

Please select the topic(s) you are requesting consultation/training on:

Consultation

- | | |
|--|---|
| <input type="checkbox"/> Active Efforts Service Plan | <input type="checkbox"/> Roundtable Formation |
| <input type="checkbox"/> Active Efforts-Pre Removal | <input type="checkbox"/> Case Review |
| <input type="checkbox"/> Active Efforts-Service Plan Development | <input type="checkbox"/> Family Decision Making Process |
| <input type="checkbox"/> Active Efforts-Post Permanency | <input type="checkbox"/> Other: <input type="text"/> |

Training

- | | |
|--|---|
| <input type="checkbox"/> ICWA Compliance Training | <input type="checkbox"/> Historical Trauma Training |
| <input type="checkbox"/> Cultural Awareness Training | <input type="checkbox"/> Healing the Healers (for ICWA Advocates) |

Expected Number of Participants:

Please list the date(s) and time(s) you are requesting services for. To ensure adequate opportunity to coordinate with other ICFPP priorities, please list at least three (3) dates for the consultation/training.

Dates:

Times:

Location of Consultation/Training: (Please list complete address)

Requestor's Contact Information:

Phone

E-mail

The ICFPP will review this form and provide the requestor with fee information as well as confirming Staff availability to complete the training and/or consultation. Fees will be based on the number of attendees, required materials, location, and duration of training/consultation. Should you have any questions, call us at 707-544-8509 or email us at icfppinc@gmail.com.

OFFICE USE ONLY

Date Received:

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