

**TRIBAL RELATIVE AND FAMILY FRIEND INFORMATION FORM  
(Southcentral Region)**

**Instructions:** Complete this form as soon as possible after a child is removed from home, or anytime a relative or family friend tells a tribal worker they want placement of a child in State custody.

- Give one copy to the assigned OCS worker (email, fax, or delivered by hand)
- Mail, Email or fax a copy to Jenny Dale:  
 Address: 695 E. Parks Hwy #3, Wasilla, AK, 99654  
 Fax: 357-9763 Phone: 352-8905  
 Email: jennifer.dale@alaska.gov

<b>Tribe:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Person submitting form:</b>	
<b>Date submitted:</b>	

**Parent and Child Information**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
 Children: \_\_\_\_\_

**Relatives or Family Friends Requesting Placement**

The Relatives and/or Family Friends below have been in contact with the Tribe and are willing and able to take immediate placement of the above children.

<b>Name</b>	<b>Birth Date (if known)</b>	<b>Relationship to Child (if not related, enter Family Friend)</b>	<b>Mailing Address</b>	<b>Phone</b>

If needed, list additional names and contact information on another piece of paper and attach.

