

**TRIBAL RELATIVE AND FAMILY FRIEND INFORMATION FORM
(Western 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 Gerry Sherman:
 Address: PO Box 328, Bethel, AK 99559
 Fax: 543-4143 Phone: 543-7230
 Email: Gerald.Sherman@Alaska.gov

Tribe:	
Address:	
Phone:	
Person submitting form:	
Date submitted:	

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.

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

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

