

DEPARTMENT OF SOCIAL SERVICES

744 P Street, M.S. 19-31

Sacramento, CA 95814

(916) 445-7964



November 28, 1979

ALL-COUNTY LETTER NO. 79-76

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY PROBATION DEPARTMENTS
ALL PUBLIC AND PRIVATE ADOPTION AGENCIES
ALL DEPARTMENT OF SOCIAL SERVICES ADOPTIONS
DISTRICT OFFICES

SUBJECT: PROCEDURES FOR IDENTIFICATION OF INDIAN CHILDREN UNDER THE INDIAN CHILD
WELFARE ACT OF 1978, 25USC 9001 et. seq. AND CIVIL CODE SECTION 224a

REFERENCE: ALL COUNTY LETTER NO. 79-30

Through All-County Letter 79-30, we requested that public and private adoption agencies establish and maintain an up-to-date registry of Indian children receiving adoption services. The Bureau of Indian Affairs (BIA), Sacramento Area office, recently informed the Department that the BIA is responsible for determining whether these children are affected by the provisions of the Indian Child Welfare Act of 1978, 25USC 9001 et. seq. In addition, the BIA will determine the degree of Indian blood of a child to be relinquished for adoption, or placed independently, in accordance with the provisions of Civil Code Section 224a (Chapter 809, Statutes of 1979 (AB 1418)). A copy of the code section is attached.

The effective date of the Indian Child Welfare Act was May 7, 1979. The Act requires that the tribe be notified of any involuntary child custody proceedings concerning an Indian child after that date. The Act also requires that a voluntary relinquishment or consent to the adoption of an Indian child must be taken in court.

Civil Code Section 224a adds a further dimension to the provisions in California law affecting Indian children by requiring that the Department obtain a certificate of Indian blood from the BIA when the parent is seeking to relinquish a child. The State Department of Social Services is required to maintain this information in a central file.

In order to establish an orderly procedure for the identification of Indian children for the purpose of the Act and to carry out the Department responsibilities under Civil Code Section 224a, we are requesting that you furnish the Department with the information included in the registry you have established. This information will then be transmitted to BIA. As future cases are added to your caseload, this procedure should also be followed.

Form AD 4311 should be used for transmitting the information to the Department. A copy is attached. This form can also be used to establish benefit rights for children already adopted. This form will serve two purposes for the child not yet adopted:

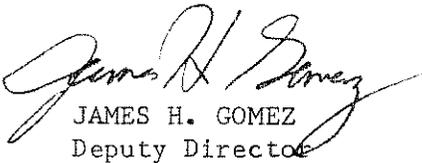
GEN 654 (7/78)

1. It will facilitate the establishment of eligibility for future BIA and/or tribal benefits.
2. It will facilitate the determination of whether the child meets the definition of an Indian child in the ICWA and, therefore, whether other provisions of the Act apply.

The Form AD 4311 and a copy of the child's birth certificate should be sent to the Adoptions Branch, 744 "P" Street, Sacramento, CA, 95814, for forwarding to BIA. The BIA will respond directly to the agency or district office and will provide the Department with a copy for the central file. The Department will confirm receipt of the response from BIA with the District office or agency.

Regulations to be adopted by the Department will incorporate these procedures. Questions about the procedure may be directed to your agency consultant, or in the case of district offices, to your Central Office Program Bureau.

If you have any further questions regarding this letter, please contact Phil Greenblat, Chief, Adoptions Operations Bureau at (916) 445-7964.



JAMES H. GOMEZ
Deputy Director

Attachments

cc: CWDA

Assembly Bill No. 1418

CHAPTER 809

An act to add Section 224a to the Civil Code, relating to adoption.

[Approved by Governor September 19, 1979. Filed with
Secretary of State September 19, 1979.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1418, Greene. Adoption: Indian ancestry.

Existing law provides that persons of Indian ancestry may be eligible for benefits. Existing provisions of federal law require a state court which enters a decree or order of adoption of an Indian child to provide certain information to the Secretary of the Interior.

This bill would require the State Department of Social Services to adopt rules and regulations to assure that the parents of Indian ancestry seeking to relinquish a child for adoption provide sufficient information so that a certificate of degree of Indian blood can be obtained from the Bureau of Indian Affairs. The State Department of Social Services would be required to immediately request such certificate from the Bureau of Indian Affairs after receiving such information. Such certificate and other documents would become a permanent record in the adoption files and would be housed in a central location and made available to authorized personnel from the Bureau of Indian Affairs when required to determine the adoptee's eligibility for services or benefits, as specified. Such information would be made available to the adopted person upon reaching the age of majority.

The people of the State of California do enact as follows:

SECTION 1. Section 224a is added to the Civil Code, to read:

224a. The State Department of Social Services shall adopt such rules and regulations as it determines are reasonably necessary to assure that a parent or parents of Indian ancestry, seeking to relinquish a child for adoption, provide sufficient information to the licensed adoption agency or to the State Department of Social Services so that a certificate of degree of Indian blood can be obtained from the Bureau of Indian Affairs. The State Department of Social Services shall immediately request a certificate of degree of Indian blood from the Bureau of Indian Affairs upon obtaining such information. A copy of all documents pertaining to the degree of Indian blood and tribal enrollment, including a copy of the certificate of degree of Indian blood, shall become a permanent record in the adoption files and shall be housed in a central location and made available to authorized personnel from the Bureau of Indian Affairs when required to determine the adoptee's eligibility

to receive services or benefits because of the adoptee's status as an Indian. This information shall be made available to the adopted person upon reaching the age of majority.

INFORMATION ON AMERICAN INDIAN CHILD (ADOPTION PROGRAM)

Attach a copy of the original birth certificate to this Form. Forward to Department of Social Services, Adoptions Branch M.S. 19-31, Sacramento, California 95814. When the child is adopted, forward a copy of the amended birth certificate and adoption decree.

STATE CASE NUMBER

CHILD'S NAME

CHILD'S NAME PRIOR TO ADOPTION (ON ORIGINAL BIRTH CERTIFICATE)		DEGREE OF INDIAN ANCESTRY	
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BIRTHDATE	BIRTHPLACE		
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BIRTH MOTHER'S NAME (MAIDEN, MARRIED, AND AS SHOWN ON CHILD'S BIRTH CERTIFICATE)		DEGREE OF INDIAN ANCESTRY	
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RACE/TRIBE	BIRTHPLACE	ENROLLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ROLL NUMBER
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BIRTHDATE	DATE CONSENT	PRESENT IN COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE FREEING ACTION	CIVIL CODE
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BIRTH FATHER'S NAME		DEGREE OF INDIAN ANCESTRY	
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RACE/TRIBE	BIRTHPLACE	ENROLLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ROLL NUMBER
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BIRTHDATE	DATE CONSENT	PRESENT IN COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE FREEING ACTION	CIVIL CODE
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MATERNAL GRANDMOTHER'S NAME		DEGREE OF INDIAN ANCESTRY	
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RACE/TRIBE	BIRTHPLACE	ENROLLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ROLL NUMBER
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BIRTHDATE	BIRTHPLACE		
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PATERNAL GRANDFATHER'S NAME		DEGREE OF INDIAN ANCESTRY	
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RACE/TRIBE	BIRTHPLACE	ENROLLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ROLL NUMBER
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BIRTHDATE	BIRTHPLACE		
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PATERNAL GRANDMOTHER'S NAME		DEGREE OF INDIAN ANCESTRY	
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RACE/TRIBE	BIRTHPLACE	ENROLLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ROLL NUMBER
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BIRTHDATE	BIRTHPLACE		
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PATERNAL GRANDFATHER'S NAME		DEGREE OF INDIAN ANCESTRY	
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RACE/TRIBE	BIRTHPLACE	ENROLLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ROLL NUMBER
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BIRTHDATE	BIRTHPLACE		
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INFORMATION ON EXTENDED FAMILY MEMBERS (INDICATE WHICH SIDE OF FAMILY)

WERE PARENTS MARRIED TO EACH OTHER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	IS FATHER NAMED ON BIRTH CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS ALLEGED NATURAL FATHER ACKNOWLEDGED PATERNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
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AS ALLEGED NATURAL FATHER'S PATERNITY ESTABLISHED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	IS ANYONE IN THE FAMILY RECEIVING TRIBAL BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	IF SO, WHAT ARE THEY?
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NAME OF AGENCY	ADDRESS	NAME OF WORKER
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