

**INSERT NAME OF TRIBE/BIA AGENCY HERE****SECTION II: THE NARRATIVE**

**Instructions:** Complete the Narrative below by answering the following questions. Some questions, are yes or no, others are fillable narrative form. Be as detailed as possible, as the Narrative is intended to tell the story of your program and the numbers you reported on the data portion of the report.

<b>Question #1:</b> Does your Social Services Program respond to and investigate allegations of child abuse and neglect? [Please answer Yes or No]:	<b>YES OR NO</b>
<b>Question #1a:</b> If you answered NO, to question #1, please briefly explain who is responsible for responding to and investigating allegations of abuse and neglect for your tribal community. For example, in states that fall under P.L. 38-280, the state is typically responsible for this.	
Type Here.	
<b>Question #2:</b> Does your Tribal or BIA Social Services Program place Indian children in out-of-home care when needed? [Please answer Yes or No]:	<b>YES OR NO</b>
<b>Question #2a:</b> If you answered NO, to question #2, please briefly explain who is responsible for placing Indian Children in out-of-home care when needed.	
Type Here.	
<b>Question #3:</b> Does your Tribe operate its own Foster Care Program (Please answer Yes or No)?	<b>YES OR NO</b>
Type Here	
<b>Question #4:</b> (1-2 paragraphs) Briefly describe the community(ies) or tribe(s) that you provide services to (i.e. any information that you feel will help us understand more about your program, <u>include the following information:</u> Tribes served, counties served, location, climate, demographics, culture, economy, employment, housing, crime, abuse statistics).	
Type Here.	
<b>Question #5:</b> What type of delivery method is your program? (Is your GA operated through an approved 477-plan (477), do you have a ISDEAA Contract to operate the program under P.L. 93-638 (638), are you a BIA-operated program (BIA), or are you a Self-Governance Tribe (OSG), or a Combination of these? (For example, 638-477, your tribe has a 638 contract but operates General Assistance through a 477-plan.)	
<b>Question #6:</b> Briefly describe your staffing: How many workers do you have under your program? What is the client to staff ratio per worker?	
Type Here.	
<b>QUESTION #7:</b> How much carryover was reported in Column Q in the Data Section of the Report, if any or applicable?	\$
Type Here.	
<b>QUESTION #8: (1-2 paragraphs)</b> . Compare the current year statistical report to the previous year. Discuss changes in the number of persons served - increases or decreases in services/ case loads, and funds expended. If different, why? (i.e. natural disaster, inflation, program funds reduced). How might your program be impacted should a shortage of funds occur? (i.e. cite programs that were discontinued or areas where services were reduced due to a shortage of funds). What success stories can you share?	
Type Here.	