IDAHO DEPARTMENT OF HEALTH & WELFARE

Division of Family and Community Services
INDIAN ANCESTRY AND TRIBAL AFFILATION CHECKLIST

Inquiries, Notices and Responses MUST be documented for <u>each</u> child involved in a case.

Case Name			Case #
Child's Name	DOB	Birth Mother Name	Birth Father Name

INDIAN ANCESTRY IDENTIFICATION

☐ Indian Ancestry identified Date _____ ☐ Coded in FOCUS ☐ File Identifier

☐ Indian Status Form Completed Date completed by Mother _____ Father _____ Other _____

☐ Ancestry Chart Completed Date completed by Mother _____ Father _____ Other _____

TRIBAL AFFILIATION

☐ Child is known to be a member of a tribe from ☐ Mother/family history ☐ Father/family history

☐ Child may be a member of a tribe from ☐ Mother/family history ☐ Father/family history

☐ Child is only known to have Indian ancestry from ☐ Mother/family history ☐ Father/family history

TRIBAL MEMBERSHIP INQUIRY *(use additional inquiry form if needed)*

Tribe Name *(from Tribal Affiliation List)*	Call/1st letter Date (<10 days)	2nd letter Date (30 days)	Call #2 Date (60 days)	Call #3 Date (75 days)	Final letter Date (90 days)	Response Received Date	Member/ Eligible? (Y/N)
Regional/DC Bureau of Indian Affairs *(if applicable)*							

DOCUMENTATION

☐ Copies of inquiry letters are documented and in the case file.

☐ Return receipt(s) is/are in the case file.

☐ Responses are in case file.

☐ Tribal affiliation information, inquiry and response dates are entered and updated in FOCUS.

☐ Narrative is entered and updated in FOCUS (as applicable).

☐ Documents proving relationship to Indian ancestor(s) are in case file (as applicable).

☐ Documentation submitted to courts, describe _____.

☐ Disclosure information to ☐ parent(s) ☐ foster parent(s) ☐ adoptive parent(s)