



Verification of Tribal Status: PreK ECEAP & B-3 Early ECEAP Applicant

This form is completed by contractor staff in partnership with all families with a Tribal child.

Section 1: Parent/Guardian Information

Parent/Guardian Name: _____

Phone Number: _____

Parent/Guardian Name 2: _____

Phone Number 2: _____

Section 2: Child Information

Child Name: _____

Date of Birth: _____

Section 3: Tribe Information

My child is a member, or eligible for membership in a federally recognized Tribe.

One verification method is required, *(please check all that apply)*:

- Enrollment card from Tribe
- Letter from Tribe: either confirming membership/eligibility for membership
- Certificate of Degree of Indian Blood (CDIB)
- Letter of Recognition from Regional Alaskan Native Corporation
- Letter of Recognition from an Alaskan Native Community Organization
- Treaty Card
- Verification that the child receives services from an organization/program that serves Native people and verifies Tribal status such as Indian Health Service/Tribal Clinic
- Parent/Guardian attests that child is a member, or eligible for membership in a federally recognized Tribe.
- Child is enrolling at an ECEAP Tribal site, staff confirmed that child is eligible.

For any questions about tribal verification and enrollment, please contact the ECEAP Tribal Specialist at ECEAP@dcyf.wa.gov.

ECEAP contractor enrollment staff must verify Tribal status for ECEAP eligibility prior to signing and dating this form.

I promise that the information on this form is true and correct. If I knowingly provide false information, I understand my family may be unable to continue ECEAP services. Additionally, I may have to repay the amount spent on my child's ECEAP.

Parent/Guardian Signature: _____

Date: _____

I certify to the best of my knowledge, the information on this form is true and correct. I verified this child's eligibility for ECEAP. I understand that ECEAP Performance Standards require that I notify the Department of Children, Youth, and Families if I suspect any fraudulent use of ECEAP funds.

ECEAP Contractor Staff Signature: _____

Date: _____