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|  |  **Indian Identity Request**  |
| The federal and state Indian Child Welfare Acts require that all Indian children be identified.To assist in this process all biological parents need to complete this form. |
|  |
| NAME OF CHILD | PERSON ID NUMBER | DATE OF BIRTH | CASE NUMBER |
| I,  , and I,       , BIOLOGICAL MOTHER’S NAME BIOLOGICAL / ALLEGED FATHER’S NAMEhereby acknowledge that  is of the following Indian ancestry: NAME OF CHILD  |
| **Mother:**Indian ancestry: **[ ]**  Yes **[ ]**  NoTribe(s):  **[ ]**  Identity of the Tribe unknown**Father:**Indian ancestry: **[ ]**  Yes **[ ]**  NoTribe(s):  **[ ]**  Identity of the Tribe unknownName and relationship of person(s) other than parents providing information: |
|  |
| MOTHER’S SIGNATURE DATE  | FATHER’S SIGNATURE DATE  |
| **[ ]**  Parent refused to sign**[ ]**  Parent not available for signature | **[ ]**  Parent refused to sign**[ ]**  Parent not available for signature |
|  |
| CASE WORKER’S SIGNATURE DATE  | CASE WORKER’S NAME |
| AGENCY STREET ADDRESS CITY STATE ZIP CODE   |
|  |
| The DCYF caseworker must:* Upload the completed form in FamLink.
* Complete the Family Ancestry Chart (DCYF 04-220) in FamLink, if one or both parents answer yes.
* Send a referral to Native American Indian Request (NAIR) to DCYF.NAIR@dcyf.wa.gov within 10 working days of Native American identification.
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