

Draft-handout for consultation



Verification of Tribal Status: ECEAP & Early ECEAP Applicant

Section 1: Completed by contractor staff in partnership with all families with a Tribal child.
Section 2: Completed by contractor staff in partnership with all families <u>with evidence of Tribal status</u> for their child. If the family has evidence of Tribal status Tribal child ECEAP eligibility is verified by ECEAP contractor staff.
Section 3: Completed by families <u>without evidence of Tribal status</u> for their child. If the family does not have evidence of Tribal status Tribal child ECEAP eligibility is sent to the state office and is verified by the DCYF ECEAP team.

Section 1:

Parent Information	
Parent Name:	Phone Number:
Parent Name:	Phone Number:
Child Information	
Child Name:	DOB:
Enrollment Number: (Optional)	Tribe:
Tribe's Location:	

Section 2:

<p>My child is a member, or eligible for membership in a federally recognized Tribe. -one verification method is required, please check all that apply:</p> <p> <input type="checkbox"/> * Enrollment card from Tribe. <input type="checkbox"/> * Letter of verification from Tribe. <input type="checkbox"/> Letter signed by Secretary of the Interior, providing Tribal affiliation. <input type="checkbox"/> Letter from Tribe confirming membership/eligibility for membership. <input type="checkbox"/> Certificate of Degree of Indian Blood (CDIB). <input type="checkbox"/> Bureau of Indian Affairs (BIA) statement of descendency. <input type="checkbox"/> Letter of Recognition from Regional Alaskan Native Corporation. <input type="checkbox"/> Letter of Recognition from an Alaskan Native Community Organization. <input type="checkbox"/> Treaty Card. <input type="checkbox"/> Verification that the child receives services from an organization/program that serves Native American people and verifies Tribal status. </p> <p>Please attach a copy of the verification to this form.</p> <p> <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason Not Attached </p>
<p>ECEAP contractor enrollment staff must review evidence of Tribal status to verify ECEAP eligibility prior to signing and dating this form.</p>

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I promise that the information on this form is true and correct. I have proof of Tribal status for my child, as required by ECEAP. 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 Signature:	Date of Signature:
I certify that, to the best of my knowledge, the information on this form is true and correct. I viewed and verified evidence establishing 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 of Signature:

* Families who prefer not to share their Tribal enrollment number may redact the enrollment number from the copy of the enrollment card or from the letter of verification.

Section 3:

My child has Tribal ancestry, but we do not have any evidence of Tribal status listed in section 2.	
<input type="checkbox"/> Unable to provide verification of Tribal status: Please tell us why you are unable to provide evidence of Tribal status and indicate what efforts you have made to obtain proof of Tribal enrollment, or eligibility. These efforts may include written requests, phone calls, personal contact, or share why you are not able to contact the Tribe. Please attach any evidence to demonstrate these efforts.	
ECEAP contractors please send this completed form along with any related evidence to the state ECEAP team at eceap@dcyf.wa.gov for verification of ECEAP eligibility.	
I promise that the information on this form is true and correct. I have proof of Tribal status for my child, as required by ECEAP. 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 Signature:	Date of Signature:
I certify that, to the best of my knowledge, the information on this form is true and correct. I viewed and verified evidence establishing 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.	
State ECEAP Staff Signature:	Date of Signature: