



Verification of Indian Child Welfare Act Eligibility

Florida Administrative Code section 65C-28.013 requires the determination of eligibility under the Indian Child Welfare Act (25 USC 1901 et seq.) at the onset of each child protective investigation.

Case Name: _____ FSFN #: _____

CPI or Services Worker: _____

The following information will be used to establish American Indian/Alaskan Native ancestry. Please answer the questions *to the best of your knowledge*.

1. Do you have American Indian or Alaskan Native ancestry? Check below.

☐ **NO** If "No", stop here and sign the bottom of the form.

☐ **YES** If "Yes", answer **ALL** the questions below. Then turn the form over and fill out the Parent History Chart as completely as possible.

2. Name of Tribe or Band: _____ Membership #: _____

3. Are you or any of your relatives members of an Alaskan Native corporation? ☐ Yes ☐ No

If "Yes", name the corporation: _____

4. Have you or any members of your family ever lived on a reservation or in an Alaskan village?

☐ Yes ☐ No If "Yes", where? _____

5. Please fill out this information for the children with American Indian or Alaskan Native ancestry.

Name(s) of Child(ren)	DOB	Place of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Birth Parent (print name): _____

Birth Parent Signature: _____ Date: _____

Name and Relationship of Informant: _____

If the information above is provided by someone other than the birth parent, please document the name, relationship of the informant to the child and contact information in the case notes in the Florida Safe Families Network.

Parent History Chart

INSTRUCTIONS

Provide the following: Name, Date of Birth (DOB), Place of Birth (POB), Tribal Name (Tribe) - Be specific as to individual band, if known.

<u>Birth Parent</u>	<u>Grandmother</u>	<u>Grandfather</u>	<u>Great Grandmother</u>	<u>Great Grandfather</u>
Name: _____	Name: _____	Name: _____	Name: _____	Name: _____
DOB: _____	DOB: _____	DOB: _____	DOB: _____	DOB: _____
POB: _____	POB: _____	POB: _____	POB: _____	POB: _____
Tribe: _____	Tribe: _____	Tribe: _____	Tribe: _____	Tribe: _____

Document any known addresses or other contact information that will assist in locating and contacting family members to verify eligibility under Indian Child Welfare Act guidelines within the investigative notes.