



DIVISION OF CHILDREN AND FAMILY SERVICES  
OLYMPIA WA 98504

Inquiry number:

### Inquiry to Indian Tribe

Date:

Case ID Number:

To: **Tribe**  
**C/O**  
**Street Address**  
**City, State Zip Code**

Person ID Number:

Name of Child:

Date of Birth:

FOLD

This agency recently received a referral regarding the above referenced child. We need your help to determine whether this child is subject to the provisions of the Indian Child Welfare Act 25 U.S.C. 1901. et seq. (and RCW 13.38) I have attached a family ancestry chart regarding the child's family members and Indian ancestry as identified by the family to help with this process.

The federal Indian Child Welfare Act (ICWA) defines an "Indian child" as an unmarried person under the age of 18 years who is either: (a) a member of a federally recognized Indian Tribe; or (b) eligible for membership in a federally recognized Tribe and is the biological child of a member of a federally recognized Indian tribe. 25 U.S.C. 1903(4).

To help establish whether this child is an Indian child for the purposes of ICWA, please answer the following questions:

1. Is the child a member of your Tribe?  Yes  No

Is the child the biological child of a member and eligible for membership? **(See attached Ancestry Chart.)**

Yes  No

2. Mother's Name: \_\_\_\_\_ Mother's Birth Date: \_\_\_\_\_

Is the mother of the child a member of your Tribe?  Yes  No

3. Father's Name: \_\_\_\_\_ Father's Birth Date: \_\_\_\_\_

Is the father of the child a member of your Tribe?  Yes  No

4. For purposes of case planning by the CA worker if the child is a member or the biological child of a member and eligible for membership does:

a. The Tribe plan to formally intervene in this case?  Yes  No

b. The Tribe plan to participate in case planning which may include placement, court involvement, specialized services, case reviews, culturally relevant events, etc.?  Yes  No

c. If yes, what services can the Tribe provide:

5. If the child is not an Indian child as defined by state and federal law, confidentiality requirements limit the extent to which CA can share information with the tribe. To the extent that the child and/or family have contact with the Tribe/s they have identified are you willing to be a resource for the case worker in their work with the family to develop culturally appropriate case planning, services or placement?  Yes  No

Please provide a contact name and number, for the agency, regarding this matter in the area below:

NAME	PHONE NUMBER (INCLUDING AREA CODE)
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Please provide the information requested below:

SIGNATURE OF TRIBAL REPRESENTATIVE	DATE
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PRINTED NAME OF TRIBAL REPRESENTATIVE	TELEPHONE NUMBER (INCLUDING AREA CODE)
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MAILING ADDRESS / STREET ADDRESS	CITY	STATE	ZIP CODE
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Your earliest response is appreciated. If you do not respond in a timely manner, the child may not be treated as an Indian child for legal or case planning purposes. If you need additional time or information in order to determine the child's Indian status, please immediately contact me at the address or telephone number listed below.

If the Tribe does not respond to this letter please be advised that case planning and court activities may proceed without Tribal participation.

Please feel free to contact me if you have any questions or require further assistance.

NAME OF SOCIAL WORKER	E-MAIL ADDRESS
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MAILING ADDRESS / STREET ADDRESS	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER (INCLUDING AREA CODE)	FAX NUMBER (INCLUDING AREA CODE)
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**Family Ancestry Chart, DSHS 04-220, attached.**