

Indian Heritage Questionnaire and Notice to an Indian Tribe, Nation or Band of Youth Committed to Juvenile Rehabilitation (JR)

If youth answers "Yes" or "Unknown" to Question 1, and has consented for the release of this information to the Tribe, please complete Question 2, including youth and family information, then send to the Tribal Liaison.

1. **Are you a member of Indian Tribe, Band or Nation?** Yes No Unknown
 - a. If yes, which Indian Tribe, Band or Nation?
 - b. If yes, are you enrolled?..... Yes No Unknown

2. **Have you ever participated in traditional native spiritual or cultural activities such as canoe journey, tribal-related hunting, fishing or gathering, sweat lodge, smokehouse, traditional arts, tribal language programs, pow wows, or tribal-related services, etc.?** Often Sometimes Never
 - a. If yes, with which Indian Tribe, Band or Nation?
 - b. How recently?
 - c. Are these activities important to you? Yes No

Youth Information

NAME OF YOUTH	DATE OF BIRTH	COUNTY OF COMMITMENT
JR NUMBER		JR FACILITY PLACEMENT
JR FACILITY CONTACT NAME		PHONE NUMBER (INCLUDE AREA CODE)

Family Information

MOTHER		FATHER	
A. NAME	B. MOTHER'S DATE OF BIRTH	A. NAME	B. FATHER'S DATE OF BIRTH
C. DOES MOTHER HAVE INDIAN ANCESTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		C. DOES FATHER HAVE INDIAN ANCESTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
D. IF YES, WHAT TRIBE, BAND OR NATION(S)?		D. IF YES, WHAT TRIBE, BAND OR NATION(S)?	
E. IS PARENT ENROLLED WITH TRIBE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		E. IS PARENT ENROLLED WITH TRIBE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Signatures

Youth gives consent for the release of this information to the tribe: Yes No
If no, why not?

YOUTH'S SIGNATURE (REQUIRED)	DATE	PRINT YOUTH'S FULL NAME
STAFF SIGNATURE	DATE	PRINT STAFF NAME

Dear _____,

The youth identified in this form has been sentenced to JR by a county juvenile court in Washington State. Based on information provided to JR by the youth, family or other sources, JR would like to confirm the youth's status with your Tribe, Band or Nation.

The Juvenile Rehabilitation recognizes the importance of coordinating with Tribes, Bands or Nations, when working with tribal youth who are involved with JR. Upon confirmation of the youth's native heritage by your Tribe, Band or Nation, we would like your assistance in coordinating appropriate services and planning for transition and reentry.

Please complete the **Confirmation of Youth Tribal Status** section that follows in order to confirm the tribal identity of the youth or family below. When you have finished, please return to the Tribal Liaison listed at the bottom of the form.

Thank you.

Confirmation of Youth Tribal Status	
1. Is the youth considered a Tribal member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If not currently a Tribal member, is youth eligible for enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
2. Does the Tribe consider the youth to be eligible for Tribal services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. May JR contact someone in the tribe for additional information to help meet the needs of the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list name and contact information below.	
NAME	
EMAIL ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)

Please return this form to:

Art Garza
JR Tribal Liaison
PO Box 45720
Olympia WA 98504
Phone: (360) 902-8463
Fax: (360) 902 8108
Art.Garza@dshs.wa.gov

DISTRIBUTION: Original – Tribal Chair(s) / Designee; Copy – JR Case File