



Verification of Indian Status: Foster Care and Adoptive Applicant

NAME	TELEPHONE NUMBER
ADDRESS	CITY STATE ZIP CODE

1. Tribal Member / Eligible for Membership

APPLICANT NAME	ENROLLMENT NUMBER (OPTIONAL)	TRIBE	TRIBE'S LOCATION	TELEPHONE NUMBER
A.				
B.				

2. I verify I am a member or eligible for membership in a federally recognized tribe, non-federally recognized tribe or Canadian First Nations by (one verification method required, please check all that apply):

- *Copy of enrollment card from Tribe.
- Letter signed by Secretary of the Interior, providing Tribal affiliation.
- Letter from Tribe confirming membership/eligibility for membership.
- Certificate of Degree of Indian Blood (CDIB).
- Letter of Recognition from Regional Alaskan Native Corporation.
- Letter of Recognition from an Alaskan Native Community Organization.
- Letter from Indian and Northern Affairs Canada providing Tribal affiliation.
- Letter of Recognition from an off-reservation Indian Community Organization controlled and operated by Indians.

Please attach the verification to this form.

Attached Not Attached Reason Not Attached

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

DISTRIBUTION: Placement Desk; Foster / Adoptive Parents Service File; Child's Service File; LIC WAC