

## Indian Heritage Questionnaire

NAME OF CHILD

DATE OF BIRTH

State and federal law require that certain procedures be followed to identify children of Indian heritage. In order to ensure proper identification and appropriate follow-up services, it is necessary that you complete the following questionnaire:

MOTHER	FATHER
A. NAME	A. NAME
B. BIRTHDATE	B. BIRTHDATE
C. INDIAN ANCESTRY <input type="checkbox"/> Yes <input type="checkbox"/> No	C. INDIAN ANCESTRY <input type="checkbox"/> Yes <input type="checkbox"/> No
D. TRIBE(S)	D. TRIBE(S)
ENROLLED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ENROLLED? <input type="checkbox"/> Yes <input type="checkbox"/> No

If either parent has identified Indian ancestry, but are not enrolled, the included family tree must be completed. Have you participated in any activities in the Indian community? If yes, please describe below.

MOTHER	FATHER
<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:

Have you or your child(ren) ever received services from any of the following agencies or programs:

	Mother	Father
Urban Indian Health Services.....	<input type="checkbox"/>	<input type="checkbox"/>
American Indian Community Center .....	<input type="checkbox"/>	<input type="checkbox"/>
N.A.T.I.V.E. Project .....	<input type="checkbox"/>	<input type="checkbox"/>
Title V School Programs .....	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, provide additional information about the service below.

MOTHER'S SIGNATURE	DATE	FATHER'S SIGNATURE	DATE
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