

NORTH AMERICAN INDIAN TRIBAL AFFILIATION VERIFICATION

Michigan Department of Human Services (DHS)
Bureau of Children and Adult Licensing

Pursuant to the Indian Child Welfare Act (ICWA) 25 USC 1901 et seq., _____,

Child Placing Agency Name

is verifying Indian ancestry and tribal affiliation for

Agency Address

the Licensed Foster Parent noted below.

Foster Parent			
Address	City	State	Zip Code

Please review the information provided in this document and respond as directed to ensure safety, permanency, and well-being of the Indian children.

In the matter of _____ Date of Birth _____

Tribal Affiliation: _____

The Department of Human Services, Bureau of Children and Adult Licensing gives notice to the parties identified below:

Send the original to the Tribe, retain a copy for the case file. SEND REGISTERED MAIL RETURN RECEIPT REQUESTED TO EACH:

ATTN: Indian Child Welfare Matter

(Specific Tribe, if known.
If multiple tribes identified, this Notice
must be sent to each Tribe.)

Midwest Bureau of Indian Affairs
One Federal Drive Room 550
Fort Snelling, MN 55111-4007
Re: Indian Child Welfare Matter

(Use when one of the above is unknown
or multiple tribes identified or anytime
the tribal identity is not clearly
documented.)

See attached Biological History for authorization. Attach a photo copy of any membership verification from applicant/licensee.

Caseworker Signature Date

Tribal Authorization

_____ is an enrolled member of _____ Tribe.
 _____ is not a member of _____ Tribe.

Enrolled Number or Tribal Verification Code. _____

Tribal Representative Signature Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

PERSON'S BIOLOGICAL FAMILY HISTORY (You MUST provide as much information as possible)

Person's Father
Date of Birth
Place of Birth
Date of Death
Place of Death
Native American <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Tribe/Enrollment Number
Former Address(es):

Paternal Grandfather	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Tribe/Enrollment Number	
Address:	

Paternal Grandmother	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Tribe/Enrollment Number	
Address:	

Maternal Grandfather	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Tribe/Enrollment Number	
Address:	

Maternal Grandmother	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Tribe/Enrollment Number	
Address:	

Paternal Great Grandfather	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Paternal Great Grandmother	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

Paternal Great Grandfather	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Paternal Great Grandmother	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

Maternal Great Grandfather	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Maternal Great Grandmother	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

Maternal Great Grandfather	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Maternal Great Grandmother	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

Person's Name
Date of Birth
Place of Birth
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Tribe/Enrollment Number

Person's Mother
Date of Birth
Place of Birth
Date of Death
Place of Death
Native American <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Tribe/Enrollment Number
Former Address(es):