

**CWL-120-A, AMERICAN INDIAN/ALASKA NATIVE  
TRIBAL AFFILIATION VERIFICATION**

Michigan Department of Health and Human Services  
Division of Child Welfare Licensing  
(Revised 3-22)

---

**SECTION 1 – CHILD PLACING AGENCY**

---

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

Child Placing Agency Name

Child Placing Agency Address

---

is verifying Indian ancestry and tribal affiliation for the licensed foster parent/applicant noted below.

---

**SECTION 2**

---

Foster Parent/Applicant

Address

City

State

Zip Code

---

**SECTION 3**

---

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 Michigan Department of Health and Human Services, Division of Child Welfare Licensing gives notice to the parties identified below:

**Send the original to the Tribe, retain a copy for the case file.**

ATTN: Indian Child Welfare Matter

---

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

---

Caseworker Signature

Date

---

**SECTION 4 – FOSTER PARENT ACKNOWLEDGEMENT**

---

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

I authorize and direct the tribe to release information to confirm Tribal affiliation or verification to the identified Child Placing Agency and the Michigan Department of Health and Human Services (MDHHS). I understand that I may revoke this authorization in writing submitted at any time to the identified Child Placing Agency, except to the extent that action has been taken in reliance on this authorization. Revocation of this authorization is effective when received by the identified Child Placing Agency.

Applicant/Licensee Signature

Date

**SECTION 5 – TRIBAL AUTHORIZATION**

<input type="checkbox"/>	is an enrolled member of	Tribe.
<input type="checkbox"/>	is not a member of	Tribe.
Enrolled Number or Tribal Verification Code		

Tribal Representative Signature	Date
---------------------------------	------

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

**SECTION 6 – PERSON'S BIOLOGICAL FAMILY HISTORY (Provide as much information as possible.)**

<b>Person's Name</b>	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	

<b>Person's Father's Name</b>	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

<b>Person's Mother's Name</b>	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

<b>Paternal Grandfather's Name</b>	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

<b>Paternal Grandmother's Name</b>	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

<b>Maternal Grandfather's Name</b>	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	
<b>Maternal Grandmother's Name</b>		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	
<b>Paternal Great Grandfather's Name</b>		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	
<b>Paternal Great Grandmother's Name</b>		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	
<b>Paternal Great Grandfather's Name</b>		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	
<b>Paternal Great Grandmother's Name</b>		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	
<b>Maternal Great Grandfather's Name</b>		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	

---

<b>Maternal Great Grandmother's Name</b>	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		

---

---

<b>Maternal Great Grandfather's Name</b>	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		

---

---

<b>Maternal Great Grandmother's Name</b>	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		

---

**AMERICAN INDIAN/ALASKA NATIVE  
TRIBAL AFFILIATION VERIFICATION INSTRUCTIONS**

**Form Completion/Mailing Guidance**

1. All client and caseworker identifying/contact information must be completed.
2. Family History: Fill in as many boxes as possible.
3. Caseworkers should try to complete up to great-grandparent boxes on the CWL-120A form. Some tribal enrollment offices require more than biological mother and father listed on the form; many tribes require great-grandparents. Caseworkers may also add other relatives beyond those identified in the boxes on pages 3-4 to assist tribal enrollment offices with identifying the applicant's family and/or familial connections (Ex. Aunt, Uncle, Cousin, Niece, Nephew etc.).
4. Caseworkers may fax, email or send the CWL-120A regular mail to the applicant's tribe's ICWA Designated Tribal Agent at Federal Register: Indian Child Welfare Act; Designated Tribal Agents for Service of Notice (<https://www.federalregister.gov/documents/2020/04/30/2020-09155/indian-child-welfare-act-designated-tribal-agents-for-service-of-notice>).

**MIDWEST REGION INDIAN CHILD WELFARE ACT**  
**TRIBAL AGENT LISTING FOR MAILING ICWA NOTICES TO MICHIGAN TRIBES**

Michigan Department of Health and Human Services

Midwest Regional Director, 5600 West American Blvd., Suite 500, Norman Pointe II Building, Bloomington, MN 55437; Telephone: 612-713-4400; Fax: 612-713-4453

Bay Mills Indian Community, Phyllis Kinney, Tribal Court Administrator, 12140 W. Lakeshore Dr., Brimley, MI 49715; Phone: 906-248-3241, 906-8811; Fax: 906-248-5817; Email: phyllisk@baymills.org

Grand Traverse Band of Ottawa and Chippewa Indians, Helen Cook, Anishinaabek Family Services Supervisor, 2605 N. West Bayshore Drive, Peshawbestown, MI 49682-9275; Telephone: 231-534-7681; Fax: 231-534-7706; Email: helen.cook@gtbindians.com

Hannahville Indian Community of Michigan, Wendy Lanaville, ICWA Worker, N15019 Hannahville B1 Road, Wilson, MI 49896; Telephone: 906-723-2512; Fax: 906-466-7397; Email: wendylanaville@hichealth.org

Keweenaw Bay Indian Community, Alexandria Mayo, Director Social Service, 16429 Beartown Road, Baraga, MI 49908; Telephone: 906-353-4201; Fax: 906-353-8171; Email: amayo@kbic-nsn.gov

Lac Vieux Desert, Dee McGeshick, Social Services Director, P.O. Box 249, Watersmeet, MI 49969; Telephone: 906-358-4940; Fax: 906-358-4900; Email: dee.mcgeshick@lvdtribal.com

Little River Band of Ottawa Indians, ICWA Designated Tribal Agent, 2608 Government Center Drive; Manistee, MI 49660; Telephone: 231-398-2242; Fax: 231-398-3387; Email: shayne\_machen@lrboi-nsn.gov

Little Traverse Bay Bands, Human Services Director, 7500 Odawa Circle, Harbor Springs, MI 49740; Telephone: 231-242-1620; Fax: 231-242-1635

Match-E-Be-Nash-She-Wish Band of Potawatomi Indians of Michigan (Gun Lake Tribe), Dominique Ambriz, 2880 Mission Drive, Shelbyville, MI 49344; Telephone: 269-397-1760; Fax: 269-397-1761; Email: dominique.ambriz@hhs.glt-nsn.gov

Nottawaseppi Huron Band of the Potawatomi, Meg Fairchild, Social Services Manager, 1485 Mno Bmadzewen Way, Fulton, MI 49052; Telephone: 269-729-5151; Fax: 269-729-5920; Email: mfairchild@nhbp.org

Pokagon Band of Potawatomi Indians, Mark Pompey, Social Services Director, 58620 Sink Road, Dowagiac, MI 49047; Telephone: 269-782-8998; Fax: 269-782-4295; Email: mark.pompey@pokagonband-nsn.gov

Saginaw Chippewa Indians Tribe (SCIT), Attn: ICWA Director, 7500 Soaring Eagle Boulevard, Mt. Pleasant, MI 48858; Telephone: 989-775-4909; Fax: 989-775-4912

Sault Ste. Marie Tribe of Chippewa Indians, Melissa VanLuven, ICWA Program Director, 2218 Shunk Rd, Sault Ste. Marie, MI 49783; Telephone: 906-632-5250; Fax: 906-632-5266; Email: ICWA-MIFPA-Contacts@saulttribe.net.

Find a designated tribal agent for service notices for all tribes online at:

<https://www.federalregister.gov/documents/2020/04/30/2020-09155/indian-child-welfare-act-designated-tribal-agents-for-service-of-notice>.