



# Verification of Indian Child Welfare Act Eligibility

**Florida Administrative Code section 65C-28.013 requires the determination of eligibility under the Indian Child Welfare Act (25 USC 1901 et seq.) at the onset of each child protective investigation.**

Case Name: \_\_\_\_\_ FSN #: \_\_\_\_\_

CPI or Services Worker: \_\_\_\_\_

**The following information will be used to establish American Indian/Alaskan Native ancestry. Please answer the questions to the best of your knowledge.**

1. Do you have American Indian or Alaskan Native ancestry? Check below.

**NO** If "No", stop here and sign the bottom of the form.

**YES** If "Yes", answer **ALL** the questions below. Then turn the form over and fill out the Parent History Chart as completely as possible.

2. Name of Tribe or Band: \_\_\_\_\_ Membership #: \_\_\_\_\_

3. Are you or any of your relatives members of an Alaskan Native corporation?  Yes  No

If "Yes", name the corporation: \_\_\_\_\_

4. Have you or any members of your family ever lived on a reservation or in an Alaskan village?

Yes  No If "Yes", where? \_\_\_\_\_

5. Please fill out this information for the children with American Indian or Alaskan Native ancestry.

Name(s) of Child(ren)	DOB	Place of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Birth Parent (print name): \_\_\_\_\_

Birth Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Relationship of Informant: \_\_\_\_\_

*If the information above is provided by someone other than the birth parent, please document the name, relationship of the informant to the child and contact information in the case notes in the Florida Safe Families Network.*

# Parent History Chart

## INSTRUCTIONS

Provide the following: Name, Date of Birth (DOB), Place of Birth (POB), Tribal Name (Tribe) - Be specific as to individual band, if known.

<p style="text-align: center;"><b><u>Birth Parent</u></b></p> Name: _____ DOB: _____ POB: _____ Tribe: _____	<p style="text-align: center;"><b><u>Grandmother</u></b></p> Name: _____ DOB: _____ POB: _____ Tribe: _____	<p style="text-align: center;"><b><u>Great Grandmother</u></b></p> Name: _____ DOB: _____ POB: _____ Tribe: _____
	<p style="text-align: center;"><b><u>Grandfather</u></b></p> Name: _____ DOB: _____ POB: _____ Tribe: _____	<p style="text-align: center;"><b><u>Great Grandfather</u></b></p> Name: _____ DOB: _____ POB: _____ Tribe: _____
		<p style="text-align: center;"><b><u>Great Grandmother</u></b></p> Name: _____ DOB: _____ POB: _____ Tribe: _____
		<p style="text-align: center;"><b><u>Great Grandfather</u></b></p> Name: _____ DOB: _____ POB: _____ Tribe: _____

Document any known addresses or other contact information that will assist in locating and contacting family members to verify eligibility under Indian Child Welfare Act guidelines within the investigative notes.