



DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

## Inquiry to Indian Tribe

Date:

Person ID Number:

To: **Tribe**

\_\_\_\_\_  
Name of Child:

\_\_\_\_\_  
Date of Birth:

The Washington State Department of Children, Youth, and Families (DCYF) has recently received a referral regarding the above referenced child. Your assistance is needed to determine whether this child is subject to the provisions of the Indian Child Welfare Act and 25 U.S.C. 1901 et. Seq. and Washington Indian Child Welfare Act RCW 13.38 et. Seq.

The federal Indian Child Welfare Act (ICWA) defines an "Indian child" as an unmarried person under the age of 18 years who is either: (a) a member of a federally recognized Indian Tribe; or (b) eligible for membership in a federally recognized Tribe and is the biological child of a member of a federally recognized Indian tribe. 25 U.S.C. 1903(4).

Washington Administrative Code 110-110-0010 defines an "Indian child" as an unmarried and unemancipated Indian person who is under 18 and is as determined by the Indian child's tribe or tribes, one of the following: (1) a member of an Indian tribe; or (2) is eligible for membership in an Indian tribe.

To help establish whether this child is an Indian child for the purposes of ICWA, please answer the following questions:

1. Is the child a member of your tribe?                      Yes              No  
 Is the child eligible for membership with your tribe? (See attached Ancestry Chart)                      Yes              No
2. Mother's Name: \_\_\_\_\_ Mother's Birth Date: \_\_\_\_\_  
 Is the mother of the child a member of your tribe?              Yes              No
3. Father's Name: \_\_\_\_\_ Father's Birth Date: \_\_\_\_\_  
 Is the father of the child a member of your tribe?              Yes              No
4. For purposes of collaboration, if the child is a member or eligible for membership does
  - a. The tribe plan to participate in case planning which may include placement, specialized services, case reviews, culturally relevant events, etc.?              Yes              No
  - b. If yes, what services can the tribe provide:

Please provide the information requested below:

SIGNATURE OF TRIBAL REPRESENTATIVE	DATE
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PRINTED NAME OF TRIBAL REPRESENTATIVE	TELEPHONE NUMBER (INCLUDING AREA CODE)
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MAILING ADDRESS / STREET ADDRESS	CITY	STATE	ZIP CODE
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Your earliest response is appreciated. If you need additional time or information to determine this child's Indian status, please feel free to contact me at the email address or telephone number listed below.

NAME OF SOCIAL WORKER	E-MAIL ADDRESS
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MAILING ADDRESS / STREET ADDRESS	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER (INCLUDING AREA CODE)	FAX NUMBER (INCLUDING AREA CODE)
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**Family Ancestry Chart, DCYF 04-220, attached**