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|  | **Indian Identity Request** | | | | |
| The federal and state Indian Child Welfare Acts require that all Indian children be identified.  To assist in this process all biological parents need to complete this form. | | | | | |
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| NAME OF CHILD | | PERSON ID NUMBER | | DATE OF BIRTH | CASE NUMBER |
| I,  , and I,       ,  BIOLOGICAL MOTHER’S NAME BIOLOGICAL / ALLEGED FATHER’S NAME  hereby acknowledge that  is of the following Indian ancestry:  NAME OF CHILD | | | | | |
| **Mother:**  Indian ancestry:  Yes  No  Tribe(s):  Identity of the Tribe unknown  **Father:**  Indian ancestry:  Yes  No  Tribe(s):  Identity of the Tribe unknown  Name and relationship of person(s) other than parents providing information: | | | | | |
|  | | | | | |
| MOTHER’S SIGNATURE DATE | | | FATHER’S SIGNATURE DATE | | |
| Parent refused to sign  Parent not available for signature | | | Parent refused to sign  Parent not available for signature | | |
|  | | | | | |
| CASE WORKER’S SIGNATURE DATE | | | CASE WORKER’S NAME | | |
| AGENCY STREET ADDRESS CITY STATE ZIP CODE | | | | | |
|  | | | | | |
| The DCYF caseworker must:   * Upload the completed form in FamLink. * Complete the Family Ancestry Chart (DCYF 04-220) in FamLink, if one or both parents answer yes. * Send a referral to Native American Indian Request (NAIR) to [DCYF.NAIR@dcyf.wa.gov](mailto:DCYF.NAIR@dcyf.wa.gov) within 10 working days of Native American identification. | | | | | |