**Verification of Tribal Status: ECEAP & Early ECEAP Applicant**

**Section 1:** Completed by contractor staff in partnership with all families with a Tribal child.

**Section 2:** Completed by contractor staff in partnership with all families with documentation of Tribal status for their child. ECEAP contractor staff verifies eligibility when documentation is obtained and recorded.

**Section 3:** Completed by families without documentation of Tribal status for their child. If the family does not have proper documentation, eligibility form is sent to the state office and eligibility is determined by the ECEAP Tribal Specialist or other qualified state employees.

**Section 1:**

**Parent Information**

Parent Name:       Phone Number:

Parent Name:       Phone Number:

**Child Information**

Child Name:       Date of Birth:

Enrollment Number:       Tribe:

Tribe’s Location:

**Section 2:**

My child is a member, or eligible for membership in a federally recognized Tribe.

One verification method is required*, (please check all that apply)*:

Enrollment card from Tribe

Letter of verification from Tribe

Letter from their Tribe confirming membership/eligibility for membership

Certificate of Degree of Indian Blood (CDIB)

Bureau of Indian Affairs (BIA) statement of descendancy

Letter of Recognition from Regional Alaskan Native Corporation

Letter of Recognition from an Alaskan Native Community Organization

Treaty Card

Verification that the child receives services from an organization/program that serves Native

people and verifies Tribal status

**Please attach a copy of the verification to this form.**   Attached  Not Attached

Reason Not Attached:

ECEAP contractor enrollment staff must review documentation of Tribal status to verify ECEAP eligibility prior to signing and dating this form.

I promise that the information on this form is true and correct. I have documentation of Tribal status for my child, as required by ECEAP. If I knowingly provide false information, I understand my family may be unable to continue ECEAP services. Additionally, I may have to repay the amount spent on my child’s ECEAP.

Parent Signature: Date:

I certify that, to the best of my knowledge, the information on this form is true and correct. I viewed and verified evidence establishing this child’s eligibility for ECEAP. I understand that ECEAP Performance Standards require that I notify the Department of Children, Youth, and Families if I suspect any fraudulent use of ECEAP funds.

ECEAP Contractor Staff Signature: Date:

\* Families who prefer not to share their Tribal enrollment number may redact the enrollment number from the copy of the enrollment card or from the letter of verification.

**Section 3:**

My child has Tribal ancestry, but we do not have any documentation of Tribal status listed in section 2.

Unable to provide documentation of Tribal status:

Please tell us why you are unable to provide documentation of Tribal status and indicate what efforts you have made to obtain proof of Tribal enrollment, or eligibility.

These efforts **may** include written requests, phone calls, personal contact, or share why you are not able to contact the Tribe. Please attach any documentation that outlines these efforts.

ECEAP contractors please send this completed form along with any related documentation to the state ECEAP team at [eceap@dcyf.wa.gov](mailto:eceap@dcyf.wa.gov) for verification of ECEAP eligibility.

I promise that the information on this form is true and correct. I have proof of Tribal status for my child, as required by ECEAP. If I knowingly provide false information, I understand my family may be unable to continue ECEAP services. Additionally, I may have to repay the amount spent on my child’s ECEAP.

Parent Signature: Date:

I certify that, to the best of my knowledge, the information on this form is true and correct. I viewed and verified evidence establishing this child’s eligibility for ECEAP. I understand that ECEAP Performance Standards require that I notify the Department of Children, Youth, and Families if I suspect any fraudulent use of ECEAP funds.

State ECEAP Staff Signature: Date: