

CHILDREN'S ADMINISTRATION
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.

NAME OF CHILD	PERSON ID NUMBER	DATE OF BIRTH	CASE NUMBER
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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
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<input type="checkbox"/> Parent refused to sign	<input type="checkbox"/> Parent refused to sign
<input type="checkbox"/> Parent not available for signature	<input type="checkbox"/> Parent not available for signature

CASE WORKER'S SIGNATURE	DATE	CASE WORKER'S NAME
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AGENCY STREET ADDRESS	CITY	STATE	ZIP CODE
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The CA caseworker must:

- Upload the completed form in FamLink.
- Complete the Family Ancestry Chart (#04-220) in FamLink, if one or both parents answer yes.
- Staff must email a Native American Inquiry Referral (NAIR) to CANativeAmericanInquiry@dshs.wa.gov within 10 working days.