**Verification of Tribal Status: PreK ECEAP & B-3 Early ECEAP Applicant**

This form iscompleted by contractor staff in partnership with all families with a Tribal child.

**Section 1:**

**Parent/Guardian Information**

Parent/Guardian Name:       Phone Number:

Parent/Guardian Name:       Phone Number:

**Child Information**

Child Name:       Date of Birth:

**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 from Tribe: either confirming membership/eligibility for membership

Certificate of Degree of Indian Blood (CDIB)

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 such as Indian Health Service/Tribal Clinic

Parent/Guardian attests that child is a member, or eligible for membership in a federally recognized Tribe.

Child is enrolling at an ECEAP Tribal site, staff confirmed that child is eligible.

**For any questions about tribal verification and enrollment, please contact the ECEAP Tribal Specialist at** [**ECEAP@dcyf.wa.gov**](mailto:ECEAP@dcyf.wa.gov)**.**

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

I promise that the information on this form is true and correct. 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/Guardian Signature: Date:

I certify to the best of my knowledge, the information on this form is true and correct. I verified 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: