**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****.**

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: