

### Purpose of form

This form is sent to the tribe(s) so that the tribe(s) can verify if the applicant(s) to become a resource family is a tribal member. It provides the tribe(s) with a convenient way to respond directly on the form. It provides the written documentation needed for the case record.

### Instructions

The form is prepared in duplicate by the social worker or contract representative, whichever is appropriate, for each tribe with whom the applicants are affiliated. The form is addressed to the Presiding Officer of the tribe at the mailing address from OKDHS Appendix D-4-A.

The applicant(s)' name(s), including the female's maiden name and birthdate(s) are listed.

List the program for which the applicant(s) has applied.

The social worker's or contract representative's name, telephone number and return address are completed.

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### Routing

The original is sent to the tribe(s) by certified mail, return receipt requested. If no response is received from the tribe(s) within six weeks, a second form is sent certified marked "Second Request." One copy of each request is filed in the local case record.