

Tennessee Department of Children's Services Native American Heritage Information Inquiry

Date	Electronic Record System Case ID	County	Case Worker

Complete this form for all cases with reported or suspected Tribal affiliation but without membership/registration documentation for each indicated Tribal affiliation.

Child Name	DOB	Race	Origin	Child is NOT Native American and does not have Tribal affiliation	Child IS (or is reported or suspected to be) Native American or has Tribal affiliation
					(indicate which parent or custodian, Tribe, and registration info) with:
					with:
					with:
					with:
					with:

For <u>ALL</u> cases with possible or verified Tribal affiliation, complete the following for each parent/custodian with suspected Native American heritage or Tribal affiliation:

	Birth Name	Birthplace	Date of Birth	Tribal Affiliation and Enrollment Number	Address, Phone
Maternal Lineage	Birth Mother				
	Maternal Grandmother				
	Maternal Grandfather				
	Great-Grandmother 1				
	Great-Grandfather 1				
	Great-Grandmother 2				
	Great-Grandfather 2				

		T	1	T
	Birth Father			
Paternal Lineage				
	Paternal Grandmother			
	Paternal Grandfather			
Lir	Great-Grandmother 1			
ומן				
eri	Great-Grandfather 1			
at				
	Great-Grandmother 2			
	Great-Grandfather 2			
	Custodian			
	Custodian's Mother			
	Custodian's Father			
ans	Castoarans rather			
	Custodian's Grandmother 1			
po	Custodian's Granamother 1			
Custodians	Custodian's Grandmother 2			
	Custodian's Granamother 2			
	Custodian's Grandfather 1			
	Custodian's Grandfather 2			

Send this completed form along with any documentation of Tribal affiliation and a completed referral to the International, Immigration, and Cultural Affairs Division ("II&CA") as outlined in <u>DCS Policy 16.24 Children of Native American Heritage</u>.