REQUEST FOR CERTIFICATION OF TRIBAL ENROLLMENT FORM

To the certifying agency:
Please complete the Enrollment Office Section for the person named below. Please list an enrollment number of other information verifying tribal ancestry. If applicable, include enrolled member's relationship to patient. Thank you for your prompt response to this request.

Return completed form to: Fond du Lac Human Services Division/Attn: Medical Desk
927 Trettel Lane • Cloquet, MN 55720
Phone: 218-879-1227 • Fax: 218-878-2179

IDENTIFYING INFORMATION			
Patient Name			
Social Security Number		Birth Date	
Where enrolled		Enrollment No.	
If you are NOT enrolled yourself and are eligible for services under a Parent or Grandparent, please complete below:			
Enrolled **Father's** Name			
Social Security Number		Birth Date	
Enrollment Number		Tribe	
Enrolled **Mother's** Name			
Social Security Number		Birth Date	
Enrollment Number		Tribe	
Enrolled **Grandparent's** Name			
Social Security Number		Birth Date	
Enrollment Number		Tribe	

RELEASE OF INFORMATION

I hereby authorize ___________________________ to release the requested Tribal Enrollment Information to the Fond du Lac Human Services Division.

I have been informed that I am not eligible to receive care unless I provide proof of my enrollment status to the Fond du Lac Human Services Division. If my parent's or grandparent's enrollment entitles me to services, I will provide appropriate birth certificate(s) or other proof of eligibility. Furthermore, I understand that I will be unable to make any appointments for care or services until I have complied with the Fond du Lac Human Services Division policy.

Signature: ____ Date: ________________________

TO BE COMPLETED BY THE ENROLLMENT OFFICE			
If above **Patient** is enrolled:			
Date of Birth		Enrollment Number	
If **Father** is enrolled: Name			
Date of Birth		Enrollment Number	
If **Mother** is enrolled: Name			
Date of Birth		Enrollment Number	
If **Parent/Grandparent** is enrolled: Name			
Relationship to patient		Enrollment Number	

I certify that the above information is true and correct to the best of my knowledge

Tribal Enrollment Officer's Signature: Date: