Fond du Lac Human Services Division

Samuel A. Moose, B.A.S, MTAG, Director Marilyn Grover, M.B.A., Associate Director Jennifer DuPuis, M.B.A., Associate Director Nathan Sandman, B.A.S., Associate Director II

PROOF OF INDIAN HOUSEHOLD MEMBERSHIP

I testify that		
Non-	Indian Household M	lember
resides with me at the address below.		
Address:	7 de	- 1
City:	State:	Zip:

I authorize Min No Aya Win (MNAW) or Center for American Indian Resources (CAIR) staff to access my electronic health record to verify my address and eligibility information. I understand that this form must be completed each time the non-Indian household member requests an appointment for a communicable disease or flu/pertussis immunization. I also understand that certain situations may require additional proof of eligibility.

Eligible Indian Household Member

Date