Region:

Agency/Tribe:

Reviewer:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Account Holder Name: |  | DOB: |  | Tribe: |

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| --- | --- | --- |
| Case Manager: |  | Review Date: |

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| --- | --- | --- |
| Account #’s: |  | Account Type:  Adult in Need of Financial Assistance  Non Compos Mentis  Adult Legal Disability  Minor  Emancipated Minor |

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| --- | --- | --- | --- |
| **Case File** | **Yes** | **No** | **NA** |
| 1. Case record documents a certified Kennerly letter notification? Date sent:  *25 CFR 115.600; BIA/OST Interagency Handbook Chapter 10, Section 10-1 and 10-2* |  |  |  |
| 2. Case record verifies account holder’s address of record and residence?  *25 CFR 115.420(a), 115.427€, and BIA/OST Interagency Handbook Chapter 6, Section 6-1* |  |  |  |
| 3. Case record documents a verifiable photo identification of account holder and parent(s)/guardian(s) (if applicable) and a legible copy of the account holder’s Certificate of Indian Blood (CIB)  *25 CFR 115.410 (a-c), 115.411, 115.429, and 20.404* |  |  |  |
| 4. Case record has court order? If so, type of order: |  |  |  |
| 5. Case record reports and case narratives correspond to case activity with records securely stored?  *25 CFR 20.100, 115.427, and September 7, 2004 policy memorandum* |  |  |  |
| 6. Case record contains an annual MSW review within specified time frames? Date:  *25 CFR 115.427* |  |  |  |

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| **Assessment and Evaluation** | **Yes** | **No** | **NA** |
| 1. Was an assessment completed? Date of most recent: |  |  |  |
| 2. Did the assessment meet the following criteria:   1. Identified and assessed all financial resources,(including parental/guardian), to meet needs: 2. A summary of findings with recommendations for services, including a determination of supervision: 3. Recommended disbursements are related to health, education, and welfare: 4. Identify responsible party to provide receipts within specified time frame: 5. Signatures from all appropriate entities: |  |  |  |
| 3. Was there an addendum to the initial assessment? |  |  |  |

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| --- | --- | --- | --- |
| **Distribution Plan** | **Yes** | **No** | **NA** |
| 1. Was there an initial distribution plan? Date of initial plan:   1. Case record has a detailed statement of need supporting all disbursements for initial plan: 2. Disbursement(s) are related to health, education, and welfare: 3. Distribution plan authorized by BIA Official: 4. Receipts for initial disbursements on file : 5. Receipts support approved disbursements identified in the distribution plan: |  |  |  |
| 2. Was there a modification(s) to initial distribution plan? Date of modification(s):   1. Case record has a detailed statement of need supporting all disbursements for modification: 2. Case record has an addendum to the assessment: 3. Disbursement(s) are related to health, education, and welfare: 4. Modified distribution plan authorized by BIA Official: 5. Receipts for disbursements on file : 6. Receipts support approved disbursements identified in the distribution plan: |  |  |  |

Comments: