Region:

Agency/Tribe:

Reviewer:

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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* | [ ]  | [ ]  | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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?  | [ ]  | [ ]  | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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: