

PROOF OF INDIAN HOUSEHOLD MEMBERSHIP

I testify that _____

Non-Indian Household Member

resides with me at the address below.

Address: _____

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