

SILETZ TRIBAL OFFICE USE ONLY

REC'D DATE: _____ DNA APPT DATE: _____ BQ: _____
REC'D BY: _____ COMPLETE DATE: _____ POST #: _____
CIF #: _____ STAFF RECOMMENDATION: APPROVAL REJECTION

201 SE SWAN AVE
PO Box 549
SILETZ, OREGON 97380-0549
TELEPHONE: (541)444-8258 • TOLL FREE: (800) 922-1399 EXT. 1258

*Prepared under the provisions of the Siletz Constitution approved June 13th, 1979, Article I, Section 1
Please print clearly in blue or black ink. Instructions for #1-#16 on page 8.*

*If you need assistance or clarification on the Enrollment processes, contact the Enrollment staff at
(800) 922-1399 ext. 1258. You can also access the Siletz Enrollment Ordinance at www.ctsi.nsn.us.*

Quarterly deadlines to submit a COMPLETE application and/or request, including required documentation and DNA results, is the first (1st) Friday of January, April, July, and September each year. Enrollment Schedule is available on line at <https://www.ctsi.nsn.us/enrollment-schedule/>

1. Applicant's FULL LEGAL Name as it appears on their Social Security Card:

First Middle Last Suffix (Sr., Jr., III)

2. Also Known As/Alias (Maiden, Indian, Other): _____

Optional Answer: Single, never married Married Separated Widowed Divorced

3. Is the Applicant a Veteran*? No Yes If Yes; please send copies of DD-214 and service photo.

4. Date of Birth: _____ **Social Security Number*:** _____

**Not required, you can choose to supply this information with your enrollment application, in which case will be forwarded to other tribal programs you apply for, otherwise, you can supply this information directly to a specific program when you apply to that program for services/benefits.*

5. Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

6. Residential Address: _____

City: _____ **State:** _____ **Zip:** _____

7. Telephone 1: _____ Call Only Call & Text

Telephone 2: _____ Call Only Call & Text

Telephone 3: _____ Call Only Call & Text

8. Email:** _____

****An EMAIL ADDRESS should be provided in order to have the required DNA lab testing appointment sent to you ASAP.**

ALL APPLICANTS MUST COMPLETE THIS PAGE

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9. **Direct Lineal Biological Descendant Claim:** To be eligible for enrollment an Applicant must prove to have a minimum of 1/16 Siletz Blood Quantum. The Tribe defines "Siletz Blood" as all Indian Blood derived from a direct ancestor who was named on any roll or records of Siletz Tribal Members prepared by the Department of Interior **prior to June 13th, 1979.**

Is the Applicant a direct lineal descendant of an enrolled member of the Siletz Tribe? No Yes

Name: _____ Relationship: _____ Roll #: _____

10. **Is the Applicant an adopted child?** No Yes

11. **Biological Parents:** *List both parents, even if they are not a Tribal member*

A. Applicant's Biological Mother: _____
Siletz Band(s) _____ Siletz Blood Quantum: _____ Roll #: _____

B. Applicant's Biological Father: _____
Siletz Band(s) _____ Siletz Blood Quantum: _____ Roll #: _____

C. Is either of the Applicant's parents an enrolled member of another Tribe (other than Siletz)? No Yes

If Yes, which parent and with what Tribe? _____

12. **Has the Applicant ever been enrolled with another Tribe?** No, go to question #13
 Yes, answer questions A & B below:

A. Tribe Name: _____
Roll #: _____ Date of Relinquishment: _____

B. Is this a Federally recognized Tribe: Yes No

Instruction: Evidence of unconditional relinquishment, by Tribal Council resolution or other written confirmation from the Tribe, must accompany the Application for Enrollment to be considered complete.

13. **If this Application for Enrollment is being submitted on behalf of a minor or adult under guardianship, provide the Information for the person completing and submitting this Application:**

Name: _____

Mailing Address: _____

Relationship to Applicant: _____

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14. **Declaration of Tribal Enrollment Eligibility:**

I, _____ am applying for
(Print the name of the person completing & signing form)

enrollment with the Confederated Tribes of Siletz Indians (CTSI) on behalf of

(Print Applicant's FULL LEGAL name)

Instruction: Read excerpts from the Siletz Enrollment Ordinance before proceeding.

Membership Requirements: Siletz Tribal Constitution Article 1, Section 1 and the Enrollment Ordinance §2.301

The membership of the Siletz Tribe shall be open to all persons who are not enrolled as members of another federally recognized Indian Tribe **and:**

- (1) Whose name validly appears on the official Siletz Tribal Roll dated May 17, 1978; **or**
- (2) Who possesses 1/16 or more degree Siletz blood quantum; **and**
- (3) Living from the time they make the application until the time they are accepted by Tribal Council as members on the Tribal Roll.

ENROLLMENT IN ANOTHER TRIBE: Enrollment Ordinance § 2.306(a) Other Tribal Enrollment/Relinquishment. Applicants who are members of or have relinquished their membership within the six (6) months prior to the application date in another federally recognized Indian Tribe, band, Pueblo or Alaska Native Corporation pursuant to 43 U.S.C. § 1601et seq., shall not be eligible for enrollment in the Siletz Tribe. (b) Exception. For purposes of this Ordinance, enrollment or membership in another tribe or Alaska Native Corporation does not include participation in a judgment fund or other entitlement where eligibility is based solely on descendancy and "enrollment" is only for purposes of participation in the distribution of the fund or entitlement.

(c) Dual Enrollment. Persons who are currently enrolled in the Siletz Tribe and are later found to be enrolled in another Federally recognized Indian tribe, with the exception of the circumstances outlined in subsection (b) above, will be given written notification by Priority Mail® with tracking that they have 30-days to relinquish their membership from either tribe. If, after 30-days, the relinquishment process in the other Tribe has not been initiated, the Enrollment staff shall begin Loss of Membership proceedings outlined in §2.313 of this Ordinance.

Instruction: After reading, the Tribal laws regarding eligibility for Tribal enrollment with the Siletz Tribe **initial each** statement below. Call Enrollment Staff at (800) 922-1399 ext. 1258 or (541) 444-8258 if you have questions.

- I declare that the Applicant is not currently enrolled with another federally recognized Tribe, band, Pueblo or Alaska Native Corporation;
- I declare the Applicant is not applying for enrollment in any other Federally recognized Tribe, band, Pueblo or Alaska Native Corporation;
- I declare the Applicant will not attempt to enroll in any other Federally recognized Tribe. band, Pueblo or Alaska Native Corporation;
- I declare to the best of my knowledge the Applicant meets or exceeds the required 1/16 Siletz blood quantum requirement as defined by the Siletz Constitution and the Enrollment Ordinance; and
- I declare I am fully aware the Applicant and their biological Tribal parent/other Tribal relative will be required to submit to a DNA collection and testing before the Application will be considered to complete and advance in the process.
- Should the Applicant pass away before the application process is completed, I or another responsible party will report this with to the Enrollment Department and provide documentation such as an obituary or death certificate.

BY MY SIGNATURE, I ATTEST I have read the statement above regarding the Siletz Tribal Law (Code) for enrollment in another Tribe. I am aware there are Tribal and Federal penalties for making any fraudulent statements in this Declaration and the Application for Enrollment, up to and including fines of not more than \$10,000 and/or imprisonment for not more than five (5) years or both.

15. Signature: **X** _____

Date: _____

16. Signed By: Applicant Legal Guardian of Minor Legal Guardian of Adult

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Biological Tribal Family Tree

Instruction: Complete the family tree with as much information that is known. List the name above the relationship and Tribal information in the areas on the document. This document is very important if the biological parent(s) are not currently enrolled with the Siletz Tribe. Use this form as a guide to the birth and death certificates (or other documentation) that will need to be submitted to document Siletz heritage. Non-Tribal family lineage does not need to be included.

BQ = Blood Quantum

DOB = Date of Birth

Applicant Name: _____

<p>Father Tribe: Roll #: DOB: BQ:</p>	<p>Paternal Grandfather Tribe: Roll #: DOB: BQ:</p>	<p>Great Grandfather Tribe: _____ Roll #: _____ DOB: _____ BQ: _____</p>
<p>Paternal Grandmother Tribe: Roll #: DOB: BQ:</p>	<p>Great Grandmother Tribe: _____ Roll #: _____ DOB: _____ BQ: _____</p>	<p>Great Grandfather Tribe: _____ Roll #: _____ DOB: _____ BQ: _____</p>
<p>Mother Tribe: Roll #: DOB: BQ:</p>	<p>Maternal Grandfather Tribe: Roll #: DOB: BQ:</p>	<p>Great Grandmother Tribe: _____ Roll #: _____ DOB: _____ BQ: _____</p>
<p>Maternal Grandmother Tribe: Roll #: DOB: BQ:</p>	<p>Great Grandfather Tribe: _____ Roll #: _____ DOB: _____ BQ: _____</p>	<p>Great Grandmother Tribe: _____ Roll #: _____ DOB: _____ BQ: _____</p>

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Required Documentation To Be Submitted With The Application

Instruction: This page is for your information only. Mark the boxes for the Documentation/information you have supplied with the Application for Enrollment to meet the requirements.

- DNA Collection and Testing:** Effective 4/11/2020, **all applicants for enrollment must submit to DNA testing** for themselves and their biological parent/relative to prove their biological link they are claiming their Siletz heritage from in #11. Once your Application has been reviewed by the Enrollment Staff, you will be contacted to schedule the lab appointments. Check this box if you have supplied your email address in question #8 to receive the DNA appointment letter and other important communication related to the application process.
- Siletz Heritage:** Applicant's original long-form State certified certificate of live birth showing parent's names.
- The biological birth parent who is an enrolled Siletz Tribal member must be displayed on the state certified legal birth certificate of the applicant. If they are not listed, provide a written explanation.
 - If the applicant was adopted, the legal adoption documentation listing the biological parent(s) and/or the pre-adoption Certificate of Live Birth.
 - If biological parents are not Siletz tribal members, the applicant must provide ORIGINAL State certified birth and/or death certificates showing their blood line to the direct ancestor the applicant is claiming eligibility through.
 - If the State certified legal birth certificate is not obtainable, other supporting documentation from court, hospital, or church records may be considered.
- Verification of Legal Name with Internal Revenue Service:** If the name on your birth certificate and your social security card do not match, include the legal documentation (marriage certificates, adoption records, etc) that changed your name. On paper, your name changes must be able to be tracked to confirm your identity to your current legal name as listed with the IRS (Internal Revenue Service).
- Marriage Certificate(s) Quantity: _____
 - Divorce Decree/Order(s) Quantity: _____
 - Legal Name Change Order Quantity: _____
 - Social security records showing the name changes Quantity: _____
 - Other: _____ Quantity: _____

NOTE: All original documents submitted to the Enrollment Department for processing the Application will be returned via Priority Mail® with the US Postal Service. Originals with the Application can be presented to any Siletz Tribal Office for **color copies** of the front and back of the document with submission of the Application. The Tribal Staff must complete the *Certification of True & Accurate Duplication* form to be submitted with the Application. Copies that have not been certified by Siletz Tribal Staff will not be accepted. The Office where copies were made, will route the Application to Enrollment Staff. Faxed submissions are not acceptable and they will be returned to the Applicant.

Optional documentation that is recommended not required:

- Social Security Card:** A clear, color copy of your United States Social Security Card. It is important your name that will potentially be on the Siletz Tribal Roll match the US Internal Revenue Service (IRS) for tax purposes regarding per capita and other tribal benefits/payments. Upon approval of enrollment, Tribal member's names are checked with the IRS to confirm the name on the roll and what is on file with the IRS matches.
- DD-214 and Service Photo:** The applicant's DD-214 and service photo. If Application for Enrollment is Approved Enrollment Staff will share this information with the Siletz Tribe's Veterans Coordinator whom may make contact regarding Tribal Veteran activities.

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Application Process

Instruction: Read the information below regarding the Application process. If you need assistance or clarification on the Enrollment process, contact the Enrollment staff at (800) 922-1399 ext. 1258. You can also access the Siletz Enrollment Ordinance at www.ctsi.nsn.us.

(A) Application submission:

1. Before submitting the Application:
 - a. Make sure ALL questions have been answered. Questions left unanswered or marked as N/A will cause the Application to be considered incomplete.
 - b. Ensure the Application is legible with correct spelling and dates.
 - c. Ensure the Application has been initialed and signed in the appropriate places by the Applicant or their legal guardian.
 - d. If your Application is complex (multiple birth/death certificates, Census records, etc.) please identify on the attachments as "Exhibit #__" and a table of contents with a brief explanation of what the document is showing.
 - e. Note - faxes or scans are not acceptable as submission for an Application for Enrollment and documentation.
2. The original Application for Enrollment and supporting documentation can be submitted via:
 - a. US mail: CTSI-Enrollment Department, PO Box 549, Siletz, OR 97380
 - b. Carrier: (FedEx, UPS, etc.) CTSI-Enrollment, 201 SE Swan Ave., Siletz, OR 97380
 - c. In person: At any one of the Area Offices; Siletz, Eugene, Salem, or Portland – call to ensure they are open to accept forms, you may need to make an appointment.

(B) After the application is received by the Enrollment Department:

Initial review by Enrollment Staff:

The Enrollment Staff will review the Application and supporting documentation. A determination on the status (complete or incomplete) of the Application will be made by the Enrollment Staff and notification provided to the Applicant (or their Guardian).

DNA testing is required for all Applicants for Enrollment. The Enrollment Staff will work with the Lab and the Applicant to schedule DNA testing. The Applicant or person applying on their behalf is responsible for contacting the parties that need to participate in DNA testing. For more information, see the Enrollment Ordinance §2.309(e)(3).

Incomplete Applications:

- If the Enrollment Staff has determined the Application is incomplete or additional documentation is needed to determine eligibility, this includes the required DNA results; the Applicant (or the person that submitted the Application) will receive notification with what is required to complete the Application.
- The application must be considered complete within 30-days from the date of the notification or by the next quarter's deadline (whichever is later). If an Application is not complete within the timeframe, the Application will be returned to the Applicant (or their Guardian). The Applicant may reapply immediately with an updated Application and all of the previously required and requested documentation.

Complete Applications:

- When the Enrollment Staff determines an Application is complete, notification will be sent to the Applicant (or the person that submitted the Application) stating the Application is complete with Enrollment Committee meeting date their application will be reviewed. The Application will be forwarded to the Enrollment Committee for review at their next Quarterly Posting Review meeting.
- **Quarterly deadlines are the first (1st) Friday of January, April, July, and September each year.** Complete Applications received after the Quarterly deadline will be held for the next Quarters Posting review.

NOTE: Pursuant to Enrollment Ordinance §2.308 The Tribal Council will not take any action on an Application for Enrollment, name change, loss of enrollment, or removal from the roll requests between December 1st of each year and the conclusion of Election Day the following calendar year on the first Saturday of February.

(C) Protection of private & confidential information:

The Tribal Operations Manual §2.056 requires Tribal Departments to inform applicants of the purposes. The intended use of information gathered and the consequences of failing to provide the required information.

1. The documentation requested with the Application is relevant and necessary to determine eligibility for enrollment with the Siletz Tribe.
2. The information will be used to determine whether the applicant is eligible for enrollment as a member of the Siletz Tribe, routine enrollment activities and general tribal business with members (for example, maintenance of mailing list).
3. Failure to submit a complete Application will result in not being enrolled as a Tribal member.
4. Failure to schedule and complete the DNA collection process will result in the Application being returned as incomplete.
5. Failure to attend and complete the first DNA collection appointment that results in an Application being returned as incomplete will result in the Applicant having to pay the cost of the DNA test before further appointments will be scheduled. See Enrollment Ordinance §2.309 (e)(3)(A) for more information.
6. Failure to provide sufficient information will result in rejection of the Application.
7. Effects of Non-Disclosure: Disclosure of the requested information is voluntary. No penalty will be imposed for failure to respond.

Instructions for Pages 1-3

1. Enter the full legal name of the applicant as it appears on their Social Security card. If the name does not match their name as on file with the IRS, additional fees may be added to per capita or other tribal payments.
2. Enter other names used such as maiden name, previous married names, or alias. Be sure to include documentation of name changes.
3. If the applicant is a Veteran, mark "Yes" and list the branch(es) of service as the Siletz Tribe has a Veteran's Coordinator to assist Tribal member Veterans. Upon approval of Enrollment with the Tribe, the Applicant's name will be given to the Veteran's Coordinator to make contact for Tribal Veteran activities.
4. Enter Date of Birth and Social Security Number. The Social Security Number is optional, however if you choose not to provide a copy of the card now, it will be required to be submitted for other services at a later date. Not having it on file with Enrollment may cause delay in services/benefits.
5. Enter the complete MAILING street address/PO Box where the applicant receives mail including the City, State abbreviation (for example the applicant lives in Oregon write OR) and postal code where the mail is received.
6. Enter the complete RESIDENTIAL address where the applicant resides including the City, State abbreviation, and postal code.
7. Enter the telephone number(s) the person completing the form can be reached during business hours. Up to three (3) telephone numbers can be listed. Mark if the number only receives calls (landline) or if it receives phone calls and text messages.
8. If the applicant provides their email address, the Enrollment staff will notify the applicant by email of the DNA schedule date, time and location.
9. If the applicant is a direct lineal descendant of a member of the Siletz Tribe select "Yes" otherwise select "No". If the applicant selects "No" proof of tribal blood line & heritage will need to be presented with the Application. If "yes", enter the name of the direct lineal Ancestor the applicant is claiming their Siletz blood from. Enter the relationship the applicant has with the direct ancestor (for example Paternal Grandmother) and the direct ancestor's Siletz tribal roll number.
10. If the applicant was or is an adopted child select "Yes" otherwise select "No."
11. Biological parents.
 - A. Enter the legal name of the applicant's biological father, Siletz Tribal band(s) if known. Siletz Blood Quantum and the Siletz Tribal Roll Number.
 - B. Enter the legal name of the applicant's biological mother, Siletz Tribal band(s) if known. Siletz Blood Quantum and the Siletz Tribal Roll Number.
 - C. If one or both of the applicant's parents are enrolled in another Tribe (other than Siletz) select "Yes". If neither of the applicant's parents are enrolled in another Tribe select "No". If either of the applicant's parents are enrolled in another Tribe enter the name of the Tribe.
12. If the applicant is enrolled in another Tribe select "Yes" otherwise select "No". Applicants will not be approved for Enrollment with the Tribe if they are a current member, pending applicant or intend to apply for enrollment with another Tribe. The Siletz Tribe does not allow for dual Tribal enrollment.
 - A. List the Tribe's name, your roll number with that Tribe and the date of your relinquishment (membership ended) from that Tribe was approved. Provide verification in the form of a letter or Resolution from the Tribe.
 - B. Mark if the other Tribe is federally recognized or not.
13. If the applicant is a minor or an adult under a legal guardianship, list the name of the person who is completing the Application on behalf of the Applicant. Enter the mailing address with city, state abbreviation, and postal code. Enter the relationship between the applicant and the person completing the Application, for example; mother, father, Power of Attorney, guardian, and/or caseworker. The Letter of Receipt will be mailed to the person completing the Application.
14. Declaration of Tribal Enrollment Eligibility. See the instructions in this section.
15. Signature of the applicant or person completing the application on behalf of the applicant.
16. Mark which person signed the Application; Applicant, Legal Guardian of Minor or Legal Guardian of Adult.