



Checklist and Documents Required to Determine Enrollment Eligibility

Lower Sioux Indian Community
P.O. Box 308
39527 Res. Hwy. 1
Morton, MN 56270

Applicant's Full Legal Name: _____

Applicants must provide copies of all documents to the Enrollment Department and all documents must be provided before an application will be considered complete:

1. _____ Completed enrollment application
2. _____ Completed family tree through ancestor listed on 1934 Base Roll (if known)
3. _____ Certified copy of birth certificate
4. _____ Copy of Applicant's Social Security Card
5. _____ Acceptable proof that Applicant is the "child of a member"
 - A. _____ If Applicant's biological mother is the member through whom the applicant traces, the certified copy of applicant's birth certificate listing the mother is sufficient.
 - B. _____ If Applicant's biological father is the member through whom the applicant traces, DNA evidence meeting the following requirements:

[A] blood or genetic test completed in a laboratory accredited by the American Association of Blood Banks indicating that the likelihood of the alleged father's paternity, calculated with a prior probability of no more than 0.5 (50 percent), is 99 percent or greater. A certified birth certificate or other document stating that a Member is the applicant's legal or adjudicated father is not sufficient on its own to prove that an applicant is the biological child of a Member father. If the applicant makes a reasonable showing that his or her father cannot be tested, the Council may approve acceptance of an alternate form of proof of paternity, such as blood or genetic test results from other ancestors that constitute credible proof of paternal lineage. LSIC Enroll. Ord. at Sec. 2.1 (c)(1)(a).

**NOTE: Applicant's parent must have been an enrolled Member at the time of Applicant's birth. See LSIC Enroll. Ord. at Sec. 2.1*

6. _____ Credible evidence that the Member parent "resided in the Community Area" at the time of Applicant's birth:
 - A. _____ If Applicant's Member parent was a physical resident within the Community Area at the time of Applicant's birth, acceptable documents to prove Member parent's residency must:
 - I. _____ be in parent's name
 - II. _____ list parent's address in the Community Area at the time of the Applicant's birth; and
 - III. _____ included at least one of the following:
 - _____ Signed or otherwise validated rental receipt or mortgage statement for address (can be in the name of parent's spouse);
 - _____ Utility or other bill showing regular services provided to address, including for gas, electric, water, internet, home phone, cable/satellite television, or other utility (can be in the name of parent's spouse);
 - _____ State aid documentation for parent listing address; or

_____ Other (subject to Enrollment Committee and Council approval):

B. _____ If Applicant's Member parent was away from the Community Area under an authorized "Special Situation" at the time of applicant's birth, as stated in the LSIC Enrollment Ordinance at Section 4.3 ("Special Situation: Students"), 4.4 ("Special Situation: Military Services"), or 4.5 ("Special Situation: Mental Illness or Disability"), acceptable documents to prove the Member parent's residency must;

I. _____ be in parent's name;

II. _____ list parent's actual address(es) while under "special situation"; and

III. _____ include the following:

_____ **For Students:** official documentation from accredited, post-high-school educational institution demonstrating that the Member parent was enrolled full-time at the time of the Applicant's birth;

_____ **For Military Service:** official military orders demonstrating that the Member parent was required to serve at a location requiring residence away from the Community Area at the time of the Applicant's birth, and official documentation confirming the term of service; or

_____ **For mental illness or disability (other than being committed involuntarily to an institution pursuant to a criminal conviction or civil court order):** official documentation from care facility or other institution demonstration that the Member parent was receiving treatment away from the Community Area at the time of the Applicant's birth, and official documentation from the care facility, other institution, or the Member parent's treating physician demonstration that appropriate treatment was not available within the Community Area.

NOTE: Applicant's Member parent is not considered to have "resided in the Community Area" if the parent was "incarcerated in an institution pursuant to a conviction under any criminal law, or is committed involuntarily to an institution pursuant to a civil court order" at the time of Applicant's birth. See LSIC Enroll. Ord. at Sec. 1.4(H)

FOR ENROLLMENT OFFICE USE ONLY BELOW THIS LINE

Application received in Enrollment Dept. by (employee initials): _____ on _____ (date)

Was all supporting documentation submitted with initial application? Yes _____ No _____

Has Applicant been notified of missing documentation? Yes _____ No _____

Date documentation was completed/referred to Enrollment Committee for decision: _____

Any additional follow-up: _____



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Instructions:

1. **This Application applies to all Applicants for enrollment**, including the minor children of Community Members.
2. **An Application must meet all requirements under LSIC Law to be enrolled.** Applicants are encouraged to review the relevant provisions of the LSIC Enrollment Ordinance and the LSIC Constitution:

A person who wishes to be enrolled in the Community, or the parent, legal guardian or Social Services Center on behalf of a minor applicant, must meet the two Constitutional requirements for Membership by proving that: (1) the applicant is the "child of any member"; and (2) the applicant's Member parent was "a resident" of the Community Area at the time of the birth of the applicant. For an application to qualify for Membership, the applicant's parent must have been an enrolled Member at the time of birth of the applicant. See LSIC Enroll. Ord. Sec. 2.1; LSIC Const. at Art III, Sec. I.

3. An application will not be considered until it is complete. This includes: (1) a completed, signed copy of this Application; (2) a completed copy of the attached Family Tree through the ancestor listed on LSIC 1934 Base Roll (if known); (3) a completed copy of the attached Checklist, including all documents required there; (4) a certified copy of Applicant's birth certificate; and (5) a copy of Applicant's Social Security Card.

Date: _____

Applicant's Full Legal Name: _____

Any maiden names/former names/nicknames: _____

Applicant's address: _____

Street Address

City

State

Zip Code

Date of Birth: _____ Place of Birth: _____ Social Security Number ____ - ____ - _____

Both parents' full legal names and Tribal Enrollment No. (if applicable):

Mother: _____ Tribe: _____ Enrollment Number: _____

Father: _____ Tribe: _____ Enrollment Number: _____

Name of ancestor on 1934 Base Roll _____ Enrollment Number: _____

Blood quantum of ancestor listed on LSIC 1934 Base Roll _____

Is Applicant a minor for whom parent/other is applying for? Yes _____ No _____

If yes, list name and relationship to minor of person applying: _____

Is Applicant an adopted child? Yes _____ No _____ If yes, where from? _____

Is Applicant enrolled with another Tribe? Yes _____ No _____ If yes, what Tribe? _____

NOTE: Upon conditional enrollment, must provide proof of relinquishment in other tribe within 60 days. See LSIC Enroll. Ord. at Sec. 2.5

Applicant's signature

Date