

beda?chelh Advocacy Committee Request for Assistance and Release of Information (ROI)



The beda?chelh Advocacy (Committee) shall work with parents/guardians who have an active dependency matter in Tulalip Tribal Court at the parent/guardian's request, to facilitate collaboration and promote the well-being of children and their families. This type of work requires that appropriate Releases of Information (ROI) are signed by all participants so the Committee may fully review matters that are brought to their attention.

The Committee, while reviewing cases shall hear both what the parent(s)/guardian(s) have to say and what the social worker has to say before making written recommendations on how the parent(s)/guardian(s) and beda?chelh may better work together and/or proceed forward in a good way in accordance with Tulalip Tribal law and policy.

If parent(s)/guardian(s) refuse to sign ROIs for the Committee then the Committee shall not bring up that parent(s)/guardian(s)'s case for review or make recommendations to beda?chelh on how to further work with the family until all necessary ROIs are signed.

The Committee is not intended to be an appeal panel for cases that are being heard in Court. The Committee may refer families to TOCLA if the issue must be remedied through the legal process.

I am requesting the following assistance from the Committee:

- ☐ Review my case to provide recommendations on how beda?chelh and myself/family may better work together and/or proceed forward in a good way.
- ☐ Collaborate with me in creating future goals and objectives to achieve family reunification.

Date	Name	Signature
Email	Phone	

Note: Request for Assistance and ROI must both be signed and contact information complete in order for the complaint to be processed.

Email completed form to beda?chelh Advocacy Committee at:
advocacycommittee@tulaliptribes-nsn.gov

Please describe the specific concern and why you want the Committee to review your case or what support you are requesting to create future goals and objectives. Use additional paper if necessary.

Please describe in specificity how you have worked with beda?chelh to address the concern or issue.

Briefly describe your desired outcome.

beda?chelh Advocacy Committee

Consent for Release of Information (ROI)



Parent/Guardian name

I hereby authorize the exchange of confidential information specified below between:

INFORMATION TO BE RELEASED FROM:

● beda?chelh

INFORMATION TO BE RELEASED TO:

● beda?chelh Advocacy Committee

Verbal information only (documents will not be provided):

☐ Case Plan Services and Compliance

☐ Case Status

☐ Case History

☐ Family History

☐ Placement History

☐ Other:

For the Purpose of:

☐ Allowing the beda?chelh Advocacy Committee to review my case to provide recommendations on how beda?chelh and myself/family may better work together and/or proceed forward in a good way in accordance with Tulalip Tribal law and policy.

☐ Allowing the beda?chelh Advocacy Committee to collaborate with me in creating future goals and objectives to achieve family reunification.

I understand that my records are protected under the federal and state confidentiality regulations and Chapter 4.05 of Tulalip Juvenile and Family Code and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that information disclosed by this authorization may be subject to redisclosure by the recipient and may no longer be protected by these codes. I also understand that I may revoke this consent at any time, if done in writing, except to the extent that action has been taken in reliance of it. I further acknowledge that the information to be released has been fully explained to me and this consent is given of my own free will. If client is under 13 years of age, a parent or legal guardian must sign consent.

Date

Parent/Legal Guardian name

Parent/Legal Guardian signature