

**Bureau of Indian Affairs  
Division of Human Services  
Individual Indian Monies (IIM) Six Month Case Review**

Region: \_\_\_\_\_  
Agency/Tribe: \_\_\_\_\_  
Reviewer: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Tribe: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Review Date: \_\_\_\_\_

Account #'s:
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Account Type: <input type="checkbox"/> Adult in Need of Financial Assistance <input type="checkbox"/> Non Compos Mentis <input type="checkbox"/> Adult Legal Disability <input type="checkbox"/> Minor <input type="checkbox"/> Emancipated Minor
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<b>Case File</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
1. Case record documents a certified Kennerly letter notification? Date sent: <i>25 CFR 115.600; BIA/OST Interagency Handbook Chapter 10, Section 10-1 and 10-2</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Case record verifies account holder's address of record and residence? <i>25 CFR 115.420(a), 115.427E, and BIA/OST Interagency Handbook Chapter 6, Section 6-1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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) <i>25 CFR 115.410 (a-c), 115.411, 115.429, and 20.404</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Case record has court order? If so, type of order:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Case record reports and case narratives correspond to case activity with records securely stored? <i>25 CFR 20.100, 115.427, and September 7, 2004 policy memorandum</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Case record contains an annual MSW review within specified time frames? Date: <i>25 CFR 115.427</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Assessment and Evaluation</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
1. Was an assessment completed? Date of most recent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the assessment meet the following criteria: a. Identified and assessed all financial resources,(including parental/guardian), to meet needs: b. A summary of findings with recommendations for services, including a determination of supervision: c. Recommended disbursements are related to health, education, and welfare: d. Identify responsible party to provide receipts within specified time frame: e. Signatures from all appropriate entities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was there an addendum to the initial assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Distribution Plan</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
1. Was there an initial distribution plan? Date of initial plan: a. Case record has a detailed statement of need supporting all disbursements for initial plan: b. Disbursement(s) are related to health, education, and welfare: c. Distribution plan authorized by BIA Official: d. Receipts for initial disbursements on file : e. Receipts support approved disbursements identified in the distribution plan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was there a modification(s) to initial distribution plan? Date of modification(s): a. Case record has a detailed statement of need supporting all disbursements for modification: b. Case record has an addendum to the assessment: c. Disbursement(s) are related to health, education, and welfare: d. Modified distribution plan authorized by BIA Official: e. Receipts for disbursements on file : f. Receipts support approved disbursements identified in the distribution plan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: