

This guide outlines the process for appointing a representative to act on behalf of a Tribe or Urban Indian Organization (UIO) for AHCCCS events and initiatives when formal representation or consultation is required or requested. By following the steps below, the appointed delegate will be empowered to effectively represent the Tribe or UIO.

Step 1: Completing the Tribal Delegate Form

Tribe/Urban Indian Organization Information:

- Provide the Tribe/UIO name, address, organization phone number, and email address where AHCCCS can direct any inquiries regarding the delegation request.

Authorizing Official Information:

- Provide the Authorizing Official's name, title/position, and contact details.

Delegate Information/Acknowledgement:

- Provide the delegate's name, title/position, and contact details.
- Delegates must carefully read the statement, sign, and accept the outlined responsibilities.

Appointment Details:

- Provide the event/initiative name or a general description (e.g., Tribal Consultation, Tribal Policy Workgroup, AIHP Tribal Verification, all events/initiatives).
- Specify the duration of the appointment.
- Note any restrictions or special considerations on the delegate's authority, if applicable.

Signatures:

- The Authorizing Official must sign and date the form to authorize the delegate's representation.
- A Witness must sign and date the form to attest to the validity of the authorization.

Important Note: To ensure efficient representation across various initiatives and comprehensive coverage of tribal interests, Tribes/UIOs have the flexibility to appoint multiple delegates for different events/initiatives. For instance, one delegate may represent the Tribe/UIO at Tribal Consultations, while another attends Policy Workgroup meetings.

Step 2: Written Confirmation

- Please ensure that the Tribal Delegate Form is accompanied by a written confirmation on official letterhead signed by the appropriate authorizing official.

Step 3: Submission of Documents

- Return the Tribal Delegate Form and a written confirmation on official letterhead to the AHCCCS Tribal Relations Team via e-mail or certified mail.
 - E-mail: TribalRelations@azahcccs.gov
 - Certified Mail: AHCCCS - Tribal Relations
801 E. Jefferson Street
Phoenix, AZ 85034



Tribal Delegate Form

Please follow these instructions to ensure a smooth and efficient submission process:

- Verify that all information provided on the form is accurate and complete.
- We recommend that Tribes/UIOs retain copies of all submitted documents for their records.
- This form must be accompanied by a written confirmation on official letterhead, signed by the appropriate authorizing official.
- Appointments can be terminated at any time at the discretion of the Tribe/UIO. To initiate termination, send a notice on official letterhead, signed by the authorizing signatory to TribalRelations@azahcccs.gov.
- The completed form and written confirmation can be returned via:

Email: TribalRelations@azahcccs.gov OR Certified Mail: AHCCCS - Tribal Relations
801 E. Jefferson Street
Phoenix, AZ 85034

Tribe / Urban Indian Organization Information

Tribe/Urban Indian Organization Name: _____

Address: _____
Street / P.O. Box City/State Zip Code

Organization Email: _____ Organization Phone: _____

Authorizing Official Information

Name of Authorizing Official: _____
Prefix First Name Last Name Suffix

Title/Position: _____

Email: _____ Phone: _____

Appointment Details

Event/Initiative Name(s)/Description: _____

Date or Duration of Appointment:

This delegation is valid until further notice.

This delegation is valid for the following period: _____ (State Date) to _____ (End Date).

Special Considerations or Restrictions:



Tribal Delegate Form

Delegate Information #1

Name: _____
Prefix First Name Last Name Suffix

Title/Position: _____

E-Mail: _____ Phone: _____

By signing below, I affirm that I understand and accept the responsibility of representing the Tribe/UIO as a delegate for the specified event(s) or duration. I agree to act in accordance with the instructions and guidelines provided by the Tribe/UIO's leadership and to uphold the values and interests of the Tribe/UIO to the best of my ability. I acknowledge that the information provided on this form accurately represents my delegation status and that I have been duly authorized by the Tribe/UIO's leadership to serve as a delegate and to represent the Tribe/UIO in the designated capacity.

Signature: _____ Date: _____

Delegate Information #2 (Optional)

Name: _____
Prefix First Name Last Name Suffix

Title/Position: _____

E-Mail: _____ Phone: _____

By signing below, I affirm that I understand and accept the responsibility of representing the Tribe/UIO as a delegate for the specified event(s) or duration. I agree to act in accordance with the instructions and guidelines provided by the Tribe/UIO's leadership and to uphold the values and interests of the Tribe/UIO to the best of my ability. I acknowledge that the information provided on this form accurately represents my delegation status and that I have been duly authorized by the Tribe/UIO's leadership to serve as a delegate and to represent the Tribe/UIO in the designated capacity.

Signature: _____ Date: _____

Authorization Confirmation

I, _____, hereby confirm that the above-named delegate(s) are authorized representatives of the _____ for the specified event/activity/duration.

Authorization Signature

Date

Witness Signature

Date

Witness Printed Name

Witness Position/Title