



**the  
Chickasaw Nation**

**Education Division**

**Adult Learning Program - DOUGLAS H. JOHNSTON BUILDING**

300 Rosedale Road / Ada, OK 74820 / (580) 421-7711 / Fax (580) 272-1224

**Bill Anoatubby  
Governor**

**Application for Adult Education Services**

**Contact information:**

|                                                |                |
|------------------------------------------------|----------------|
| Full legal name (first, middle, last, suffix): | Home phone:    |
| Address:                                       | Cell phone:    |
| City, state, ZIP:                              | Email address: |

|                                                                                                                                                                                                                                |                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Ethnicity:<br><input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American<br><input type="checkbox"/> White <input type="checkbox"/> Other: _____ | Tribal affiliation (if Native American): |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|

**Tribal affiliation – If Native American, must submit a copy of your CDIB.**

Did someone refer you to our program?  Yes    No  
 If yes, which agency referred you to our program? \_\_\_\_\_

Are you a Chickasaw Nation employee?  Yes    No  
 If yes, with what department are you employed? \_\_\_\_\_

**Background Information:**

|                                                                                                                                                 |                             |                       |                                                                                                       |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Last public school attended:                                                                                                                    | What year did you drop out? | Last grade completed: | Did you attend special education classes?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Gender:<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| Other adult education programs attended (when & where):                                                                                         |                             | Birth date:           | Your age today?                                                                                       |                                                                             |
| Has the Chickasaw Nation ever paid for your HSE testing?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, what year? _____ |                             |                       | Social Security no.:                                                                                  |                                                                             |

Have you ever been convicted of a felony or misdemeanor?  Yes    No  
 Do you have any disabilities or handicaps that require special services?  Yes    No  
 If yes, briefly describe: \_\_\_\_\_

**Certification – I certify that the information provided on this form is true and correct.**

|                                              |       |
|----------------------------------------------|-------|
| Signature:<br><br>X                          | Date: |
| Guardian's signature (if under 18):<br><br>X | Date: |

The Chickasaw Nation Office of Supportive Programs and the applicant agree to strictly maintain the confidentiality of all information disclosed hereunder, or any amendments thereto. The parties agree that the information contained in said application shall be considered "Confidential Information" and shall not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law.

**Intake Interview Notes: (This Page for Office Use Only)**

**Criminal history** – Client checked  Yes  No that they have been convicted of a felony or misdemeanor.

Are you on supervised or unsupervised probation?  Supervised  Unsupervised

Do you have any pending criminal charges against you?  Yes  No

(If yes, brief description of conviction):

Student is a referral to our program?  Yes  No

Referral document on file?  Yes  No

If yes, name of referring person: \_\_\_\_\_

Referring agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

Contact phone no.: \_\_\_\_\_

**Special services required (Intake notes):**

**Other intake notes:**

Application packet is complete?  Yes  No

Intake specialist signature: \_\_\_\_\_ Date of intake: \_\_\_\_\_

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