



Assistance Application

Area offices:

Addresses and contact information:

- Ada** **231 Seabrook Road / P.O. Box 1548 / Ada, Oklahoma 74820
(580) 436-7256 / FAX (580) 436-2109**
- Ardmore** **949 Locust / Ardmore, Oklahoma 73401
(580) 226-4821 / FAX (580) 226-6732**
- Duncan** **1911 W. Plato Road / Duncan, Oklahoma 73533
(580) 470-2131 / FAX (580) 470-2129**
- Oklahoma City** **4001 N. Lincoln / Oklahoma City, Oklahoma 73105-5206
(405) 767-8971 / Toll Free 1-866-466-1481 / FAX (405) 767-8968**
- Pauls Valley** **220 N. Chickasaw / Pauls Valley, Oklahoma 73075
(405) 207-9883 / FAX (405) 207-9876**
- Purcell** **1430 Hardcastle Blvd. / Purcell, Oklahoma 73080
(405) 527-4973 / FAX (405) 527-8058**
- Sulphur** **4970 W. Highway 7 / P.O. Box 538 / Sulphur, Oklahoma 73086
(580) 622-2888 / FAX (580) 622-7102**
- Tishomingo** **815 E. 6th Street / P.O. Box 192 / Tishomingo, Oklahoma 73460
(580) 371-9512 / FAX (580) 371-3845**

Dear Applicant:

Once your completed application is received, it will be reviewed for eligibility. If you are eligible for this program and there are funds available, payment will be made to the vendor and you will be notified. If your application shows that you are not eligible for assistance, you will be notified.

To apply for this program, the following documentation is required:

- Proof of tribal citizenship
- Copy of the applicant's Social Security card
- Age 18 and over will provide documentation of income, regardless of status
- If no income, a non-income statement will be completed for every person in the household over 18 years of age and over
- Copy of utility bill
- Proof of disability for any person who is disabled in the home (verification required)
- Copy of veterans card (if applicable)
- Complete entire application, pages 1-4, and comply with all instructions



ASSISTANCE APPLICATION

APPLICANT INFORMATION:

First name:		Middle name:	Last name:		Suffix:
Maiden name:					
Mailing address:				City:	State: ZIP:
Physical address:				City:	State: ZIP:
Home phone:		Cell phone:		Message phone:	
Social Security number:	Birth date:	Age:	Gender:	Email:	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Tribal affiliation: _____					

EDUCATION:

High school: <input type="checkbox"/> High school graduate <input type="checkbox"/> GED <input type="checkbox"/> Dropout	College: <input type="checkbox"/> Enrolled in college <input type="checkbox"/> College graduate	Vocational training: <input type="checkbox"/> Enrolled in vocational training <input type="checkbox"/> Vocational training graduate
Type of degree:		Type of certification:

EMPLOYMENT STATUS:

What is your current employment status?

Unemployed Self-employed Other: _____

Employed full-time Employed part-time

If you are currently unemployed, check all the items below that apply to you:

Seeking work Student Other: _____

Seeking training Disabled

**HOUSEHOLD INFORMATION:
PLEASE LIST EVERYONE WHO LIVES IN THE HOUSE**

Name First, middle, last, suffix	Relationship to applicant	Gender	Age	Birth date	Social Security number

VETERAN STATUS: Veteran**Veteran Verification Documents:**

- DD214 or NGB22
- State issued driver's license with veteran logo
- Retired Military Identification card
- VA (Veterans Affairs) Identification card
- VA benefits letter or other documents

HOUSEHOLD MONTHLY INCOME:

<u>Sources of income amount:</u>	<u>Received?</u>	<u>Who receives?</u>	<u>Monthly</u>
Employment income	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Veteran's benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Retirement or pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Unemployment compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

- Age: 18 and over will provide documentation of income, regardless of status.
- Is any member of your household unable to work? Yes No
If yes, list name(s) and why:

Questions:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a valid driver's license? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have your own reliable transportation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a DWI or DUI?
If yes, when? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under treatment for alcohol/substance abuse? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any physical or mental limitations?
If yes, explain: _____

_____ |

WRITTEN STATEMENT

(All requested information is needed before eligibility can be determined)

Describe the type of services you need. Explain what your current circumstances are and give reasons surrounding your needs. Include all information to help us assist you better.

- What happened for you to be in the current situation?

APPLICANT'S STATEMENT OF AGREEMENT AND UNDERSTANDING:

I declare that the information I have given in this application is true and correct, and that I will cooperate with the Chickasaw Nation should my application become part of a quality control/audit review. I hereby authorize the Chickasaw Nation to make any necessary investigations to other social services agencies of my household verification or other information regarding my eligibility. If my request for assistance is denied despite meeting the eligibility requirement, I have the right to appeal this decision and will request this in writing to the area office where my application was processed within 30 days of the date of denial, or waive my rights to a hearing.

Applicant's signature

Date

Legal guardian's signature (if applicable)

Date

Resource specialist's signature

Date