

## Department of Community Services / Social Services Division Chikasha Halbina'

Area Offices / (405) 207-9883

### Chikasha Halbina' Application

The Chikasha Halbina' (Chickasaw gifts) program is intended to supplement families' ability to celebrate the holidays by providing gifts to children in need. Gifts are purchased by individuals, not the Chickasaw Nation.

#### **Eligibility requirements:**

- First American children 17 years of age and younger
- Live within Chickasaw Nation treaty territory
- Be income eligible

#### **Documentation required:**

- Copy of tribal citizenship card
- Age 18 and over must provide documentation of income from the last 30 days
- Proof of residence
- Legal guardian must provide documentation of guardianship

#### Deadline:

Completed applications and all required documents need to be submitted NO LATER THAN 5:00 p.m. CST November 14.

Incomplete or late applications will not be accepted.

Approved applicants will be notified. Participants will be contacted when gifts are ready.

	Address and contact information:	
☐ Ada Area Office	231 Seabrook Road / Ada, OK 74820 (580) 436-7256 / Fax: (580) 436-2109	
☐ Ardmore Area Office	949 Locust Street / Ardmore, OK 73401 (580) 266-4821 / Fax: (580) 226-6732	
□ Duncan Area Office	1819 West Plato Road / Duncan, OK 73533 (580) 470-2131 / Fax: (580) 470-2129	
☐ Pauls Valley Area Office	20118 South Indian Meridian Road / Pauls Valley, OK 73075 (405) 207-9883 / Fax: (405) 207-9876	
□ Purcell Area Office	1430 Hardcastle Boulevard / Purcell, OK 73080 (405) 527-4973 / Fax: (405) 527-8058	
☐ Sulphur Area Office	4970 West Highway 7 / Sulphur, OK 73086 (580) 622-2888 / Fax: (580) 622-7102	
☐ Tishomingo Area Office	815 East 6 <sup>th</sup> Street / Tishomingo, OK 73460 (580) 371-9512 / Fax: (580) 371-3845	
☐ Chickasaw Nation Medical Center	1921 Stonecipher Boulevard / Ada, OK 74820 (580) 436-3980	

#### **Chikasha Halbina' Application** Parent/legal guardian name: First Suffix Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_) \_\_\_\_\_ Email address: Mailing address: \_\_\_\_\_\_\_\_Street State Physical address directions (if the address is a rural address): Please list someone else who can pick up your gift(s): Phone no.: (\_\_\_) Total number of family members: **Household information:** List everyone who lives in the house by name. 1. 2. 3. 4. 6. 7. 8. 9. 10. Applicant signature Date Date Employee receiving application signature **Angel Tree Income Guidelines** Persons in Maximum family income For Office Use Only: \$22,590 Total family income (annual): \_\_\_\_\_ \$30,660 3 \$38,780 ☐ Does not meet income guidelines ☐ Exceeds income guidelines 4 \$46,800 \$54,870 Applicant is: \$62,940 7 \$71,010 ☐ Approved 8 \$79,080 For each ☐ Disapproved (reason): \_\_\_\_\_ additional \$8,070

Page 2 of 3

Form 04416AT CS-SS Rev. 9/2025

person, add

# Child(ren)'s Information: Please be specific for each child's interests/needs under \$50.

Name:		Name:	
□ Boy □ Girl	Age:	☐ Boy ☐ Girl	Age:
Sizes: ☐ Adult ☐ Child	Shoe:	Sizes: ☐ Adult ☐ Child	Shoe:
Pant:	Shirt:	Pant:	Shirt:
Interests/needs:			
Name:			
□ Boy □ Girl	Age:	□ Boy □ Girl	Age:
Sizes: ☐ Adult ☐ Child	Shoe:	Sizes: ☐ Adult ☐ Child	Shoe:
Pant:	Shirt:	Pant:	Shirt:
Interests/needs:		Interests/needs:	
Name:		Name:	
□ Boy □ Girl	Age:	□ Boy □ Girl	Age:
Sizes: ☐ Adult ☐ Child	Shoe:	Sizes: ☐ Adult ☐ Child	Shoe:
Pant:	Shirt:	Pant:	Shirt:
Interests/needs:		Interests/needs:	
Name:		Name:	
□ Boy □ Girl			Age:
Sizes: ☐ Adult ☐ Child	Shoe:	Sizes: ☐ Adult ☐ Child	Shoe:
Pant:	Shirt:	Pant:	Shirt:
Interests/needs:			
Name:			
□ Boy □ Girl			Age:
Sizes: □ Adult □ Child	Shoe:	Sizes: □ Adult □ Child	Shoe:
Pant:	Shirt:	Pant:	Shirt:
Interests/needs:		Interests/needs:	
		Page 3 of 3	orm 04416AT CS-SS Rev. 9/2025