



**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**
- 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. 6<sup>th</sup> 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:

- Copy of Certificate of Degree of Indian Blood (CDIB)
- Copy of tribal citizenship card
- Copy of the applicant's Social Security card
- Age 18 and over must provide documentation of income, regardless of status
- If no income, a non-income statement must be completed for every person in the household over 18 years of age and over
- Copy of bill for the utility company you wish to be paid
- Proof of disability for any person who is disabled in the home (verification required)
- Copy of veterans card (if applicable)
- Complete entire application, pages 1-5, and comply with all instructions



**the  
Chickasaw Nation  
Social Services Division**

**Bill Anoatubby  
Governor**

**APPLICANT INFORMATION:**

First name:		Middle name:	Last name:	Suffix:
Maiden name:				
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

**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 must 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"/>	Are you a veteran?
<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 fully understand this application and I certify that all the information contained here is true and correct. I hereby authorize the Chickasaw Nation to make any necessary investigation of my financial situation and other conditions relating to my eligibility. I understand that I have a right to a fair hearing due to any action taken by the tribe which I consider improper or because of any unreasonable delay in a decision on this application. I understand that I have 30 days from that date of denial to request a hearing.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal guardian's signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resource specialist's signature

\_\_\_\_\_  
Date