

Department of Education / Child Development Division Reading Program and Flashcards 300 Rosedale Road / Ada, OK 74820 / (580) 421-7711 / Fax: (580) 436-0128 / Email address: <u>FamilyAssistance@Chickasaw.net</u>

Reading Program Application for Services

Services are available to Chickasaw children ages 5 and under who meet applicable requirements and submit a completed, signed application and <u>all required documentation</u>.

Child Information:

| Name: | | | | | |
|-----------------------------------|---------------------|-------------------|---------------------|----------------|--|
| First | Middle | | Last | Suffix | |
| Preferred Name: | | | | | |
| Mailing address: | | | | | |
| Street | City | State | County | ZIP | |
| Physical address: | City | State | County | ZIP | |
| | | | | ZIP | |
| Home phone no.: () | Cell | phone no.: () | | | |
| Email address: | | | | | |
| Gender: Male Female Birth date: | | | SSN: | | |
| Parent/Legal Guardian Informat | ion: | | | | |
| | <u> </u> | | | | |
| Primary Contact: | | | | | |
| Name: | Middle | | Last | Suffix | |
| Birth date: | Polatic | nshin: 🗆 Mothor | | ian | |
| | | | | | |
| Emergency Contact: Yes N | lo Authorized for p | ick up: □ Yes □ N | 10 | | |
| Mailing address: | City | Ctata | Country | 710 | |
| | | State | County | ZIP | |
| Physical address: | City | State | County | ZIP | |
| Home phone no.: () | Cell phone no | .: () | _ Work phone no.: (|) | |
| | | | | _/ | |
| Email address: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | P | age 1 of 2 | Form no. 10929 FDI | J-CD Rev. 4/20 | |

| Secondary Contact: | | | | | | | |
|---|---|----------------------|------------------------------------|--------|--|--|--|
| Name: | Middle | | Last | Suffix | | | |
| Birth date: | | o: □ Mother [| ∃ Father □ Legal guar | | | | |
| Emergency Contact: Yes No | Authorized for pick up | o:□Yes □N | 0 | | | | |
| Mailing address: | City | | | | | | |
| Street | City | State | County | ZIP | | | |
| Physical address: | City | State | County | ZIP | | | |
| Home phone no.: () | Cell phone no.: (|) | _ Work phone no.: (| _) | | | |
| Email address: | | | | | | | |
| Service(s) Requested: (Check all that apply) Chickasaw language flashcards Chickasaw reading program (Requires that the child is 5 years of age and under) Talking is Teaching curriculum kit (Requires verification of no head start program and/or the child is not enrolled in a public school program) Supporting Information: Copy of child's birth certificate or Certificate of Degree of Indian Blood (CDIB) I f requesting a curriculum kit, verification that there is not a Head Start program within child's residential area I certify that the information I have submitted is true to the best of my knowledge and realize it is subject to verification; that falsification is grounds for immediate termination and may subject me to prosecution under law. I allow the release of information for verification and reporting purposes. | | | | | | | |
| Parent/legal guardian signature | | - | Date | | | | |
| Contact Information: Phone no.: (580) 421-7711 Email address: FamilyAssistance@C The Chickasaw Nation Child Development Division any amendments thereto. The parties agree that the disclosed to third persons, except upon written cons | and the applicant agree to stric e information contained in said | application shall be | considered "Confidential Informati | | | | |