



**the**  
**Chickasaw Nation**  
**Department of Family Services**  
**Family Support Division**  
**Family Preservation**

1400 Hoppe Boulevard, Suite 3 / Ada, OK 74820 / (580) 310-7900

**Bill Anoatubby**  
**Governor**

Dear Applicant:

To apply for the Hinoshi` Chokma` program, it is mandatory that you provide the documentation listed here and on the application:

- Copy of driver's license or state ID (if acquired).
- Copy of tribal citizenship card.
- Copy of the applicant's Social Security card.
- Complete entire application, pages 1-3, and comply with all instructions.



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**Hinoshi' Chokma' Program**  
**Application**

Referred by: \_\_\_\_\_

**APPLICANT INFORMATION:**

First name:	Middle name:	Last name:	Suffix:
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Address:	City:	State:	ZIP:
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Physical address (if applicable):	Home phone:	Cell phone:	Email address:
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Social Security number:	Birth date:	Age:	Gender:
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Marital status:  Single  Married  Separated  Divorced  Widowed  Cohabiting

Tribal affiliation:  
 \_\_\_\_\_

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? If yes, list type: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a felony? If yes, explain: _____
<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? If yes, when and where: _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a physical or mental disability? If yes, explain: _____

**EDUCATION:**

High school/jr. high: <input type="checkbox"/> Last grade completed: _____ <input type="checkbox"/> High school graduate <input type="checkbox"/> GED	College: <input type="checkbox"/> Some <input type="checkbox"/> Hours completed: _____ <input type="checkbox"/> Enrolled in college <input type="checkbox"/> College graduate	Vocational training: <input type="checkbox"/> Dropped out <input type="checkbox"/> Enrolled in vocational training <input type="checkbox"/> Vocational training graduate
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School name:	School name:	School name:
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Date completed:	Date completed:	Date completed:
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**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                       N/A  
 Seeking training                       Disabled                       Other: \_\_\_\_\_

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

Name (first, middle, last, suffix)	Relationship to applicant	Gender	Age	Birth date
	SELF			

**GOAL EXPECTATIONS:**

Include all information to help us assist you better:

Goal:Reason for this goal:**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. Nothing contained in this application shall be construed to waive the sovereign rights of the Chickasaw Nation, its officers, employees or agents.

\_\_\_\_\_  
Applicant's signature\_\_\_\_\_  
Date\_\_\_\_\_  
Parent/legal guardian's signature (if under 18 years)\_\_\_\_\_  
Date\_\_\_\_\_  
Resource specialist signature\_\_\_\_\_  
Date



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**Hinoshi' Chokma' Program  
Release of Information**

I hereby authorize: The Chickasaw Nation Department of Family Services

To release information to: Name: \_\_\_\_\_

Phone/address: \_\_\_\_\_

Information concerning:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize: Name: \_\_\_\_\_

Phone/address: \_\_\_\_\_

To release to the Chickasaw Nation Department of Family Services any information concerning:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From start date: \_\_\_\_\_ to ending date: \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/legal guardian  
signature (if under 18 years): \_\_\_\_\_ Date: \_\_\_\_\_

Resource specialist  
signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT NOTED ON RELEASED INFORMATION: "This information has been disclosed to you from records the confidentiality of which is protected by federal law. Federal regulations prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations."**