

Department of Family Services / Residential Services Division Hina' Chokma 3115 East Arlington / Ada, OK 74820 / (580) 332-6345 / Fax: (580) 272-1334

## Men's Recovery Center

## Applicant information:

Name:	Middle	Last		Suffix
Mailing address:				Sunx
Street	City	County	State	ZIP
Physical address: □ Same as mailing Street	City	County	State	ZIP
-				
Home phone no.: ()	Cell phone no	.: ()		
Birth date: Age:	SSN:			
Email address:				
Tribal affiliation:  Chickasaw	າoctaw 🛛 Cherokee	🗆 Creek 🛛 Semir	nole	
Veteran:  Veteran:  Yes  No  Tobacco	o user: □ Yes □ No	Homeless: 🗆 Y	′es □ No	
Supporting information:				
Photo ID				
Certificate of Degree of Indian Blood	d (CDIB)			
Phone	Return completed fo The Chickasaw Na Hina' Chokma 3115 East Arling Ada, Oklahoma 7 e no.: (580) 332-6345 Fa	ation a ton 4820		