the Chickasaw Nation

*Chris Anoatubby*
*Governor*

***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: _____
First Middle Last Suffix

Mailing address: _____
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 ☐ Choctaw ☐ Cherokee ☐ Creek ☐ Seminole ☐ Other: _____

Veteran: ☐ Yes ☐ No Tobacco user: ☐ Yes ☐ No Homeless: ☐ Yes ☐ No

**Supporting information:**

☐ Photo ID

☐ Certificate of Degree of Indian Blood (CDIB)

**Return completed form to:**
**The Chickasaw Nation**
**Hina' Chokma**
**3115 East Arlington**
**Ada, Oklahoma 74820**
**Phone no.: (580) 332-6345 Fax: (580) 272-1334**