the Chickasaw Nation

Chris Anoatubby
Governor

Department of Community Services / Social Services Division

Assistance Application

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Area offices:	**Addresses and contact information:**
☐ **Ada**	**231 Seabrook Road / Post Office 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**	**1819 West Plato Road / Duncan, Oklahoma 73533** **(580) 470-2131 / Fax: (580) 470-2129**
☐ **Pauls Valley**	**20118 South Indian Meridian Road / Pauls Valley, Oklahoma 73075** **(405) 207-9883 / Fax: (405) 207-9876**
☐ **Purcell**	**1430 Hardcastle Boulevard / Purcell, Oklahoma 73080** **(405) 527-4973 / Fax: (405) 527-8058**
☐ **Sulphur**	**4970 West Highway 7 / Post Office Box 538 / Sulphur, Oklahoma 73086** **(580) 622-2888 / Fax: (580) 622-7102**
☐ **Tishomingo**	**815 East 6th Street / Post Office Box 192 / Tishomingo, Oklahoma 73460** **(580) 371-9512 / Fax: (580) 371-3845**
☐ **Oklahoma City**	**4001 North Lincoln / Oklahoma City, Oklahoma 73105-5206** **(405) 767-8971 / Toll-free 1-866-466-1481 / Fax: (405) 767-8968**

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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:

☐ Proof of tribal citizenship

☐ A copy of the applicant's Social Security card

☐ Income documentation *If 18 and over

☐ If no income, a non-income statement will be completed for every person in the household over 18 years of age

☐ Copy of utility bill

☐ Copy of veteran's card *If applicable

Assistance Application

Applicant Information:

Name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Home phone no.: (___) _____ Cell phone no.: (___) _____ Message phone no.: (___) _____

Gender: ☐ Male ☐ Female Birth date: _____ Social Security no.: _____

Citizenship ID no.: _____ Email address: _____

Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Tribal affiliation: ☐ Chickasaw ☐ Cherokee ☐ Choctaw ☐ Creek ☐ Seminole ☐ Other: _____

Household Information: *Please list EVERYONE who lives in the house.

Name (First, middle, last, suffix)	Relationship to applicant	Gender	Birth date	Age	Social Security no.
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			

Education:
High school: ☐ High school graduate ☐ High school equivalency ☐ Dropout

College: ☐ Enrolled ☐ Graduate Type of degree: _____

Vocational training: ☐ Enrolled ☐ Graduate Type of certification: _____

Employment Status:
What is your current employment status?
☐ Unemployed ☐ Self-employed ☐ Employed full-time ☐ Employed part-time ☐ Other: _____

If you are currently unemployed. Check all the items below that apply to you:
☐ Seeking work ☐ Student ☐ Seeking training ☐ Disabled ☐ Other: _____

Veteran Status:
Veteran: ☐ Yes ☐ No
If yes, please provide one of the following:
☐ DD214 or NGB22
☐ State-issued driver's license with veteran logo
☐ Retired military identification card
☐ Veterans Affairs (VA) identification card
☐ VA benefits letter
☐ Other documents

Household Monthly Income: By providing income, federal programs could be utilized.

Sources of income	Received?	Who receives?	Monthly amount
Employment income	☐ Yes ☐ No		
Social Security	☐ Yes ☐ No		
Supplemental Security Income	☐ Yes ☐ No		
TANF	☐ Yes ☐ No		
Alimony	☐ Yes ☐ No		
Veteran's benefits	☐ Yes ☐ No		
Retirement or pension	☐ Yes ☐ No		
Unemployment compensation	☐ Yes ☐ No		
Other:	☐ Yes ☐ No		

Provide documentation of income if over age 18, regardless of status

- Is any member of your household unable to work? ☐ Yes ☐ No
  If yes, list name(s) and why:

_____

_____

Questions:

1. Do you have a valid driver's license? ☐ Yes ☐ No
2. Do you have reliable transportation? ☐ Yes ☐ No
3. Have you ever been convicted of a felony? ☐ Yes ☐ No
4. Have you ever been convicted of a DWI or DUI? ☐ Yes ☒ No
   If yes, when? _____
5. Are you currently under treatment for alcohol/substance abuse? ☐ Yes ☐ No
6. Do you have any physical or mental limitations? ☐ Yes ☐ No
   If yes, please describe: _____
7. Are you currently homeless, at risk of being homeless in the next 30 days, or living in conditions not meant for human habitat? ☐ Yes ☐ No
   If yes, please describe your current living conditions: _____

_____

_____

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.

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Applicant's Declaration, Authorization, and Waiver:

I declare that the information given in this application is true and correct and that I will cooperate in any quality control audit or review regarding my application. I hereby authorize the Chickasaw Nation to perform any necessary investigation regarding my initial eligibility and/or my continuing eligibility in the program. I authorize any exchange or release of information between departments within the Chickasaw Nation and with any outside agencies. If my request for assistance is denied, I will have the right to appeal the decision in writing through the area office where my application was processed. If I do not provide a written request for appeal within 30 days from the date of the denial, then I waive my right to any additional consideration of my application. Nothing contained herein will be construed to waive the sovereign immunity of the Chickasaw Nation.

_____ _____
Applicant signature Date

_____ _____
Legal guardian signature (if applicable) Date