



**The
Chickasaw Nation
Division of Social Services**

**Bill Anoatubby
Governor**

ASSISTANCE APPLICATION

477	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cash Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chickasaw Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CSBG	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Elderly Energy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LIHEAP/Leveraging	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SAL Elderly Energy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SAL Emergency Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Burnout	<input type="checkbox"/> Yes	<input type="checkbox"/> No

APPLICANT INFORMATION

First name:	MI:	Last name:	Maiden name:
Address:		City:	State: ZIP:
Home phone:	Cell phone:	Message phone:	
Social Security number:	Date of birth:	Age:	Gender:
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Tribal affiliation: _____			

Questions:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a valid driver's license? If yes, license number: _____ Expiration date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you a veteran?
<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: <input type="checkbox"/> High school graduate <input type="checkbox"/> GED	College: <input type="checkbox"/> Enrolled in college <input type="checkbox"/> College graduate	Vocational training: <input type="checkbox"/> Enrolled in vocational training <input type="checkbox"/> Vocational training graduate
School name:	School name:	School name:
Date completed:	Date completed:	Date completed:
GPA:	Type of degree:	GPA: Type of degree: GPA:

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	Relationship to applicant	Gender	Age	Date of birth	Social Security number

HOUSEHOLD MONTHLY INCOME

<u>Sources of income amount:</u>	<u>Received?</u>	<u>Who receives?</u>	<u>Monthly</u>
Employment income	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Child support	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Veteran's benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Retirement or pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Unemployment compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Interest income	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Oil royalty	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Lease income	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

- Age: 18 and over must provide documentation of income, regardless of status.
- Is any member of your household unable to work? Yes No
 If yes, list name(s) and why: _____

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. I hereby authorize the Chickasaw Nation to make any necessary investigation of my financial situation and other conditions relating to my eligibility. I understand that I have a right to a fair hearing due to any action taken by the tribe which I consider improper or because of any unreasonable delay in a decision on this application. I understand that I have 10 days from that date of denial to request a hearing.

Applicant's signature _____

Date _____

Parent/legal guardian's signature (if applicable) _____

Date _____

Resource specialist's signature _____

Date _____

Director's signature _____

Date _____

