

## The Chickasaw Nation Division of Social Services

Bill An	oatubby
	Governor

4//	☐ Yes	☐ No
Cash Assistance	☐ Yes	□No
Chickasaw Employment	☐ Yes	□ No
CSBG	☐ Yes	□ No
Elderly Energy	☐ Yes	☐ No
Emergency Assistance	☐ Yes	□ No
LIHEAP/Leveraging	☐ Yes	□ No
SAL Elderly Energy	☐ Yes	□ No
SAL Emergency Assistance	☐ Yes	□ No
Rumout	□ Voo	TT Ma

## ASSISTANCE APPLICATION

Section 1997	A Marine Commence of the Comme		<u> Sana da gala</u> go da Ray	SAL Eideny SAL Emerg Burnout	/ Energy lency Assista	⊔ Yes ance □ Yes □ Yes	
ARREIGANIENFORMATION First name:	MI:	Last n	ame:		Maiden n	ama:	
Address:			<u> </u>		vialueii ii		
		City:		State:		ZIP:	
Home phone:	Cell phone:		Message p	hone:			
Social Security number:	Date of birth:		Age:	Gende	r.		
Marital status: Single	Married Separated	Divor	ced Wid	dowed			-(
Tribal affiliation:					***************************************		
Questions:							
Yes No	valid driver's license?						
If yes, licer	nse number:			Expiration	n date:		
│ <u>└</u> │	an?		**************************************	xpmatio	1 date	<del></del>	
	our own reliable transporta						
│ □ □ Have you ever	been convicted of a felony	?					
If yes, expl	ain: been convicted of a DWI o	- Films	-181`				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and it						
☐ ☐ Are you current	ly under treatment for alco	hol/subs	tance abuse	?		· · · · · · · · · · · · · · · · · · ·	
If yes, whe	n and where: physical or mental disabilit	<u></u>			···		
If yes, expl	ain:	y <b>:</b>	usani ka k				
SERVICE STATE OF STAT							
High school: ☐ High school graduate	College:		Vocatio	nal trainin	j:		
GED	Enrolled in college	<del>)</del>	LEnr	olled in vo	cational t	raining	1
School name:	School name:		School	ational tra	ining grad	duate	
Date completed:	Dato completed						
	Date completed:		Date co	mpleted:			
GPA:	Type of degree:	GPA:	Type of	degree:	GP/	A:	
EMPLOYMENIESTATUS					7.00		
What is your current employme  Unemployed							
Employed full-time	Self-employed Employed part-ti	ma		Other:			1
If you are currently unemployed	I, check all the items below	v that and	oly to your		· ·		
Seeking work Seeking training	<u>∟</u> Student		<u> </u>	WA.			
	☐ Disabled			Other:			
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Name	Relationship to applicant	Gender	Age	Date of birth	Social Security number
		Parameter in the second second	An Anna da .		
HOUSEHOLDIMONTHI Sources of Income amou		eceived?		Who receives?	Monthly
Employment income Social Security Supplemental Security Inc TANF Child support Alimony Veteran's benefits Retirement or pension Unemployment compensat Interest income Oil royalty	tion	Yes	r (		
Age: 18 and over m     Is any member of years.	ust provide docum	Yes ⊡No entation of i	ncome, re □Yes	gardless of status. □No	
Other:  Age: 18 and over m Is any member of your lift yes, list name(s) a  APPLICANT SISTATEM  I fully understand this are	uust provide docum our household unal and why:	Yes No entation of i ble to work?  MENT ANI	Yes  NUNDER	□No STANDING	
Age: 18 and over m     Is any member of your lifyes, list name(s) and list name(s).	ust provide document for household unall and why:  ENT OF ACREE  pplication and I cert asaw Nation to make gibility. I understand	Yes No entation of i ble to work?  MENT ANI tify that all ti ke any nece d that I have	☐ Yes  DUNDER  ne informa ssary inve	STANDING  ation contained here stigation of my final a fair hearing due	incial situation and oth
Age: 18 and over m     Is any member of your lift yes, list name(s) a APPLICANT STATEM  I fully understand this applications relating to my eligible tribe which I consider improved the tribe which I consid	ust provide document for household unall and why:  ENT OF ACREE  pplication and I cert asaw Nation to make gibility. I understand	Yes No entation of i ble to work?  MENT ANI tify that all ti ke any nece d that I have	☐ Yes  DUNDER  ne informa ssary inve	STANDING  ation contained here stigation of my final a fair hearing due	incial situation and oth
Age: 18 and over m     Is any member of your lift yes, list name(s) a series of the lift yes, list name and lift yes, lis	eust provide docume our household unal and why:	Yes No entation of i ble to work?  MENT ANI tify that all ti ke any nece d that I have	☐ Yes  DUNDER  ne informa ssary inve	No STANDING  ation contained herestigation of my final a fair hearing due delay in a decision hearing.	incial situation and oth
Age: 18 and over m     Is any member of your lift yes, list name(s) a APPLICANT SISTATEM  I fully understand this applied the Chicket conditions relating to my eligible tribe which I consider impunderstand that I have 10 december	ust provide docume our household unall and why:  ENT OF ACREE  pplication and I cert asaw Nation to make gibility. I understand anys from that date are (if applicable)	Yes No entation of i ble to work?  MENT ANI tify that all ti ke any nece d that I have	☐ Yes  DUNDER  ne informa ssary inve	No STANDING  ation contained herestigation of my final a fair hearing due delay in a decision hearing.  Date	incial situation and oth

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. Below are some questions you should ask yourself when completing your statement.		
What is your immediate need?		
What happened in order for you to be in the current situation?		
Applicant's signature Date		
Parent/legal guardian's signature (if applicable)  Date		
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