 UNITED KEETOOWAH BAND OF CHEROKEE INDIANS IN OKLAHOMA

**Department of Human Services**

P.O. Box 746, Tahlequah, OK 74465

18263 W. Keetoowah Circle, Tahlequah, OK 74464

Phone: 918-871-2830 Fax: 918-414-4030

**APPLICATION FOR HUMAN SERVICE ASSISTANCE**

(Application must be completed for assistance to be processed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Today’s Date UKB District UKB Roll Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name Middle Name Last Name Maiden Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address Physical Address**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, State, Zip City, State, Zip**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone Message Phone Date of Birth**

**LIST NAME OF EVERY PERSON LIVING IN THE HOUSEHOLD**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Sex | Date of Birth | Social Security Number | Relationship to Head of Household | Tribal Affiliation |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**Type of Need: □ Heating □Cooling □Utility Payment □Housing □Medical □Emergency**

**Other/Explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Housing: □ Own □ Buying □Renting** Owned by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST GROSS INCOME OF ALL PERSONS LIVING IN HOUSEHOLD (AGE 18 and above)**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE OF INCOME** | **HEAD OF HOUSEHOLD** | **SPOUSE** | **OTHERS:** |
| **Salary/Wages:** | **$** | **$** | **$** |
| **Unemployment:** | **$** | **$** | **$** |
| **Workmen’s Compensation:** | **$** | **$** | **$** |
| **SSA:** | **$** | **$** | **$** |
| **SSI:** | **$** | **$** | **$** |
| **VA:** | **$** | **$** | **$** |
| **Welfare:** | **$** | **$** | **$** |
| **TANF:** | **$** | **$** | **$** |
| **Food Stamps:** | **$** | **$** | **$** |
| **Child Support:** | **$** | **$** | **$** |
| **Other:** | **$** | **$** | **$** |

**Does the state pay supplemental insurance/Medicare? Yes No**

**If you said yes, please list name and amount:**

|  |  |
| --- | --- |
| **Name:** | **Amount:** |
|  |  |
|  |  |

**My TOTAL monthly income from all sources is: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you applied for and received services from any other agency or tribe offering LIHEAP?**

**□Yes What Agency/Tribe and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □No**

**CERTIFICATION:**

* I/We understand the information in this application is being collected to determine eligibility or assistance under the Federal Programs operated by the United Keetoowah Band of Cherokee Indians in Oklahoma including **­THE LOW-INCOME HOME ENGERY ASSISTANCE PROGRAM (LIHEAP) AND BIA FUNDING.**
* I/We understand eligibility is based on my/our household income.
* I/We certify the information given in this application is correct to the best of my/our knowledge.
* I/We further understand willing/purposefully giving false statements or false information will cause me/us to be INELIGIBLE for assistance through Federal programs operated by the United Keetoowah Band of Cherokee Indians in Oklahoma including ­**LIHEAP** and is also **a criminal offense punishable under Federal Law**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Household Spouse

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OFFICE USE ONLY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Received by and date: Application reviewed by and date:

Action Taken:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred to: □ Health □Education □State DHS □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**RELEASE OF INFORMATION**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission for any agency involved to release any information required to complete of my application for assistance from the Human Services Department of the United Keetoowah Band.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number Phone/Contact Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

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These documents are needed to process/complete your application:

1. \_\_\_\_\_\_\_ Income Verification (3 check stubs or disability award letter)
2. \_\_\_\_\_\_\_ Workforce Registration (household members over age 18 and unemployed)
3. \_\_\_\_\_\_\_ DHS Award Letter (Food Stamps, TANF)
4. \_\_\_\_\_\_\_ Invoice/Bill (Requesting assistance to pay)
5. \_\_\_\_\_\_\_ UKB Membership Card
6. \_\_\_\_\_\_\_ Social Security Card for ALL Household Members
7. \_\_\_\_\_\_\_ Address Verification
8. \_\_\_\_\_\_\_ Disaster Situations: Need Fire Marshall or Police Reports
9. \_\_\_\_\_\_\_ Any and All Documents Needed to Support Your Request

Respectfully,

Department of Human Services

United Keetoowah Band of Cherokee Indians

COMMUNITY SERVICES

NO INCOME OR ODD JOB VERIFICATION

**THIS FORM MUST BE NOTORIZED**

**IF YOU HAVE NO INCOME PLEASE COMPLETE THIS SECTION:**

This statement is to certify that I am not receiving income from any source:

* I am not employed through any public or private employer
* I am not receiving any type of unemployment compensation benefits
* I am not receiving TANF, Social Security Veteran’s Benefits or any other type of benefits.
* I am not receiving a pension, retirement, or any annuity benefits
* I am not receiving child support or any monetary benefits

I understand I must report any changes in income.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**If you do complete odd jobs you must complete this section:**

I do odd jobs and receive $\_\_\_\_\_\_\_\_\_ monthly from these jobs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**This section must be filled out by a notary:**

Subscribed and sworn before me, a Notary Public, on this \_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary

**Warning: Section 1001 of Title 18 of the U.S Code makes it a criminal offense to make willful false states of misrepresentation to any Department of Agency of the U.S to any matter in its jurisdiction.**