



Services-At-Large Assistance Application

Area offices:

Addresses and contact information:

Purcell

1430 Hardcastle Boulevard / Purcell, Oklahoma 73080

(405) 527-4973 / Fax: (405) 527-8058

Email address: purcellareaoffice@Chickasaw.net

Oklahoma City

4001 North Lincoln / Oklahoma City, Oklahoma 73105-5206

(405) 767-8971 / Toll-free 1-866-466-1481 / Fax: (405) 767-8968

Email address: SAL@Chickasaw.net

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 completed application and documentation are required:

- Income documentation (only for 59 years of age and younger)
- If no income, a non-income statement will be completed for every person in the household over 18 years of age
- Copy of current utility bill in applicant's name
- Veteran documentation *if applicable



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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: _____ Citizenship ID no.: _____

Email address: _____

Marital status: Single Married Separated Divorced Widowed

Tribal affiliation: Chickasaw Cherokee Choctaw Muscogee (Creek) Seminole
 Other First American: _____

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.
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			

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

Household monthly income:

Source(s) of income	Received?	Who receives?	Monthly amount (\$)
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		
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		

Written statement:

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.

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