the Chickasaw Nation

Chris Anoatubby
Governor

Aalhakoffichi' - A Place for Healing
Adolescent Transitional Living Center
101 Arrowhead Drive / Pauls Valley, Oklahoma 73075 / (405) 331-2300 / Fax: (405) 331-2302

Application for Admission

If you are experiencing an immediate crisis, go to the nearest emergency room or call 911.

Applicant information:

Name: _____
First Middle Last Suffix

Preferred name: _____ Birth date: _____ Gender: ☐ Male ☐ Female

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

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

Email address: _____

Application information:

Applicant type: ☐ New ☐ Returning (if returning resident)

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

Insurance coverage: ☐ Private insurance ☐ SoonerCare/Medicaid ☐ None

Current living situation:
☐ Permanent address with parent/legal guardian
☐ In a shelter
☐ Temporarily with more than one family due to loss of housing
☐ In a motel, car or campsite
☐ In temporary foster care awaiting placement
☐ Alone without parental support (independent living)
☐ Inpatient or residential treatment facility
☐ Homeless

Highest level of education:
☐ Current high school student ☐ College student ☐ High school graduate ☐ Dropout ☐ HSE/GED

Last grade completed:
☐ Kindergarten ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐8th ☐9th ☐ 10th ☐ 11th
☐ 12th ☐ Some college

Does the applicant have an Individualized Education Plan, 504 Plan or other education accommodations?
☐ Yes ☐ No
If yes, please explain: _____
_____
_____
_____

Previous/current school: _____ School phone no.: (___) _____

School address: _____
Street City State ZIP

How did you become aware of our program?
☐ Department of Human Services worker ☐ Literature ☐ Office of Juvenile Affairs worker
☐ Online search ☐ Referral from Chickasaw Nation Program ☐ Referral from friend ☐ Therapist
☐ Other: _____

Has the applicant received counseling previously? ☐ Yes ☐ No
If yes, when? _____ If yes, where? _____

Is the applicant willing to participate in the program? ☐ Yes ☐ No ☐ Unknown

Has the applicant resided outside of the home for any services? ☐ Yes ☐ No
(Examples: residential school, treatment facilities, foster care, etc.)
If yes, please explain: _____

Is the applicant or parent(s)/legal guardian(s) a Chickasaw Nation employee? ☐ Yes ☐ No

Does the applicant have any legal issues or charges? ☐ Yes ☐ No
If yes, please explain: _____

What is the presenting problem/reason for referral? _____

Parent/legal guardian information:

Primary contact:

Name: _____
First Middle Last Suffix

Birth date: _____ Relationship: _____

Gender: ☐ Male ☐ Female Legal custody of the applicant? ☐ Yes ☐ No

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

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

Work phone no.: (___) _____ Email address: _____

Secondary contact:

Name: _____
First Middle Last Suffix

Birth date: _____ Relationship: _____

Gender: ☐ Male ☐ Female Legal custody of the applicant? ☐ Yes ☐ No

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

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

Work phone no.: (___) _____ Email address: _____

Household information:

Please list all people that are currently residing in the household.

Name	Gender	Age	Relationship
	☐ Male ☐ Female		
	☐ Male ☐ Female		
	☐ Male ☐ Female		
	☐ Male ☐ Female		
	☐ Male ☐ Female		

Terms and agreements:

I am the applicant or the parent/legal guardian of the applicant and understand that the Aalhakoffichi' Adolescent Transitional Living Center is released of responsibility whenever the applicant is checked out by authorized persons.

_____ _____
Applicant signature Date

_____ _____
Parent/legal guardian signature (if applicable) Date

Supporting information:

Required:
1. Certificate of Degree of Indian Blood (CDIB) or proof of citizenship

Optional:
1. Up-to-date immunization record
2. Birth certificate
3. Social Security card
4. School transcript or most recent grades
5. Private insurance, Medicaid or SoonerCare insurance card