



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
	<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		

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