



**Muscogee (Creek) Nation
Social Services Department
Social Services Office
Application**

APP#: _____

SECTION 1. HOUSEHOLD INFORMATION

A. Head of Household Name: _____ **Maiden Name:** _____
Is the Head of Household Indian? Yes No **If yes, please list Tribe/Roll#:** _____
Marital Status: Single In Relationship Married Separated Divorced Widow/er

B. Spouse/Significant Other Name (if applicable): _____ **Maiden Name:** _____
Is the Spouse/Significant Other Indian? Yes No **If yes, please list Tribe/Roll#:** _____

C. Is the Head of Household non-Indian and applying on behalf of an Indian minor? Yes No
Minor Name: _____ **DOB:** _____ **SSN#:** _____
Please check if the Head of Household or Spouse/Significant Other is: Legal Parent Legal Guardian
 Foster Parent **Other:** _____

D. Are you or any household member receiving any of the following? (Please check all that apply.)
 Social Security Administration (SSA) Supplemental Security Income (SSI)
 Social Security Disability (SSDI) Retirement Pension

E. Are you or any household member a Veteran? Yes No **Are you receiving disability?** Yes No

F. Do you or any of the household members receive SNAP or Commodities? Yes No
 SNAP Amount Received _____ **Effective Dates:** _____
 Commodities Effective Dates: _____

G. Do you or any household member receive Temporary Assistance for Needy Families (TANF)?
 Yes **How much a month?** _____ No

H. Are you applying for services due to a Child Welfare case? Yes No **Through which office?** DHS Tribal
Case Worker Name: _____ **Phone Number:** _____

<p>I. Are you in an abusive relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you being stalked? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been sexually assaulted? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you feel unsafe in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center">MCN Family Violence Prevention Program 918-732-7979</p> <p>If you answered yes, please call to speak with an advocate or ask the MCN Social Services staff to assist you.</p>
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J. Are you or any of your household members a member of a Muscogee (Creek) Nation Indian Community Center or Tribal Town?
 Yes No **If yes, which Community Center?** _____
 Yes No **If yes, which Tribal Town?** _____

SECTION 2. CONTACT INFORMATION

A. Address: _____
 County: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Message Phone: _____ Email: _____
 Best way to contact (check all that apply): Phone Call Text Mail Letter Email

SECTION 3. HOUSING SITUATION

A. Renter/Amount _____ /month Homeowner/Mortgage Amount _____ /month
 Homeless/Staying with family or friends. Please list the person you are staying with: _____
 Other: _____

B. What utilities do you pay? (necessity utilities only)
 Electric Gas Water Propane Other: _____

SECTION 4. HOUSEHOLD COMPOSITION

HOUSEHOLD MEMBER NAME	DOB	SSN#	TRIBE/ROLL#	RELATION TO HEAD OF HOUSEHOLD
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

SECTION 5. INCOME VERIFICATION
 PLEASE LIST ALL INCOME FOR THE HOUSEHOLD
 EARNED AND UNEARNED INCOME

(Employment, Unemployment Benefits, Child Support, TANF, SSA, SSI, SSDI, VA, Retirement, Royalties, etc.)

HOUSEHOLD MEMBER NAME	INCOME (GROSS AMOUNT)	HOW OFTEN							
		DAILY	WEEKLY	BI-WEEKLY	MONTHLY	SEMI MONTHLY			
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*****OFFICE USE ONLY*****

TOTAL GROSS MONTHLY INCOME:	Does applicant have the ability to maintain? <input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL GROSS ANNUAL INCOME:	Amount _____

SECTION 6. EMPLOYMENT/EDUCATION STATUS

A. HEAD OF HOUSEHOLD

Employed

Full-time

Part-time

Medical Leave

1st Employer _____

Start Date _____

2nd Employer _____

Start Date _____

Unemployed

Laid Off

Terminated

Resigned

Disabled

Homemaker

Last Employer _____

Last date worked _____

Notes: _____

Did you file for unemployment? Yes No

Decision _____

Highest education (please check) 8 9 10 11 12 GED College Degree _____

Other: _____ Other: _____

Are you interested in furthering your education? Yes No

B. SPOUSE/SIGNIFICANT OTHER

Employed

Full-time

Part-time

Medical Leave

1st Employer _____

Start Date _____

2nd Employer _____

Start Date _____

Unemployed

Laid Off

Terminated

Resigned

Disabled

Homemaker

Last Employer _____

Last date worked _____

Notes: _____

Did you file for unemployment? Yes No

Decision _____

Highest education (please check) 8 9 10 11 12 GED College Degree _____

Other: _____ Other: _____

Are you interested in furthering your education? Yes No

SECTION 7. WHAT IS YOUR SITUATION AND THE REASON YOU ARE REQUESTING ASSISTANCE?

Blank lines for describing the situation and reason for requesting assistance.

SECTION 8. WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING?

<input type="checkbox"/>	Rent and/or deposit payment	How much? Rent _____ Deposit _____
<input type="checkbox"/>	Mortgage payment	How much? Payment _____ Deposit _____
<input type="checkbox"/>	Electric and/or deposit payment	How much? Payment _____ Deposit _____
<input type="checkbox"/>	Gas/Propane/Wood and/ or deposit payment	How much? Payment _____ Deposit _____
<input type="checkbox"/>	Water and/or deposit payment	How much? Payment _____ Deposit _____
<input type="checkbox"/>	Other: _____	
<input type="checkbox"/>	Other: _____	
<input type="checkbox"/>	Other: _____	
<input type="checkbox"/>	Energy Assistance (Heating: Dec – March /Cooling: June – Sept)	

<input type="checkbox"/> Medical Travel Assistance: (please complete below)	
Date of Appointment(s): _____ _____ _____	Medical Condition/Problem: _____ _____ _____
Where is the doctor/hospital located? _____ _____	Who will be traveling with you? _____ _____ _____
Overnight stay required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of vehicle to be driven? (Year, Make, Model) _____ _____	

<input type="checkbox"/> Natural Disaster Assistance: (please complete below)		
<input type="checkbox"/> Fire	Date: _____	Comments: _____
<input type="checkbox"/> Tornado	Date: _____	Comments: _____
<input type="checkbox"/> Flood	Date: _____	Comments: _____
<input type="checkbox"/> Hurricane	Date: _____	Comments: _____
<input type="checkbox"/> Earthquake	Date: _____	Comments: _____
<input type="checkbox"/> Other	Date: _____	Comments: _____
<input type="checkbox"/> Other	Date: _____	Comments: _____

What are your immediate needs? (shelter, food, clothing, etc.)

SECTION 9. DUPLICATION OF SERVICES

My household and I **HAVE NOT** received assistance from any state, local, community, federal or tribal organization within the last 12 months.

My household and I **have** received assistance from:

AGENCY	UTILITY
<input type="checkbox"/> Tribal Agency _____	<input type="checkbox"/> Rent/Mortgage payment or deposit
<input type="checkbox"/> Tribal Town _____	<input type="checkbox"/> Electric bill or deposit
<input type="checkbox"/> Indian Community Center _____	<input type="checkbox"/> Gas, Wood, Propane bill or deposit
<input type="checkbox"/> Church _____	<input type="checkbox"/> Water bill or deposit
<input type="checkbox"/> LIHEAP _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> DHS _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

****WE VERIFY ALL INFORMATION WITH ALL VENDORS. IF YOU HAVE NOT PAID YOUR BILL ON YOUR OWN IN THE LAST 6 MONTHS, YOU WILL NOT BE ELIGIBLE FOR ASSISTANCE THROUGH THE SOCIAL SERVICES OFFICE UNLESS YOU PAY A PORTION YOURSELF****

SECTION 10. PUBLIC DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST
Per 24 CFR 1000.30 (b) and (c), applicants applying for Housing/NAHASDA program are required to provide the following:

Are you and/or any immediate family member an employee of Muscogee (Creek) Nation or any other entity under the Nation? Yes No

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

DISCLOSURE

FAIR HEARINGS STATEMENT:

Once the Social Services Office is in receipt of an application, it will be considered pending until all documentation required is received or up to 15 business days, whichever comes first. After 15 business days, the application will be denied. All required documentation must be received in order for eligibility to be determined. If the applicant feels the decision of the Social Services staff is in error, he/she may file a written appeal, within 10 business days from the date on the letter of denial, to the director of the Social Services Department. The Social Services director will forward the appeal letter to the Appeals Team for review and a decision will be made within 10 business days from receiving the appeal letter. All decisions will be based according to tribal and federal law, and the programs policies and procedures to ensure the integrity of the department.

PRIVACY ACT STATEMENT:

The MCN Social Services Department cannot give out applicant's information. However, Social Services can share the information with other Federal, State, Tribal offices, programs and/or businesses who have some responsibility with the services for which the applicant is applying. For any other person or program wanting information from the applicant's case file, the applicant must first give his/her consent by signing the release of information section below.

FRAUD STATEMENT:

All information pertinent to services requested is subject to verification. This includes, but is not limited to, landlords, mortgage companies, utility companies, employer, funeral homes, schools, etc. Falsification of this information shall be grounds for 1) denial of application, 2) not eligible to receive assistance for six (6) months up to a year, 3) all parties, agencies, tribes, etc. will be notified, and 4) may be forwarded to the MCN Attorney General's Office if further action is needed.

RELEASE OF INFORMATION:

Should you choose a friend or family member to receive or give information to our staff in regards to the application, please list their name, relation, and *last four digits* of their social security number for identification purposes:

Name: _____ Relation: _____ SSN: XXX-XX- _____

Name: _____ Relation: _____ SSN: XXX-XX- _____

Name: _____ Relation: _____ SSN: XXX-XX- _____

This Release of Information will remain in effect for one (1) year from date of signature or until you request to rescind authorization. **Should you choose a family member or friend to obtain information, you must check the box below authorizing it. Should you fail to check either box and/or sign, your application will be considered incomplete and will be sent back to you.**

I authorize the Social Services Department to obtain and/or exchange information with the person(s) listed above.

I do not wish to list any person(s).

CERTIFICATION:

By signing below, I certify I have read this application or had this application read to me and that all information provided by me, oral and written, is true and accurate. I also acknowledge I have read and understand the Fair Hearing Statement, Privacy Act Statement, Fraud Statement, and the Release of Information Section.

Head of Household Name (printed): _____ Date: _____

Head of Household Signature: _____

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Staff Member Name: _____ Date Completed: _____

Application(s) taken: _____
