

Kickapoo Tribe of Oklahoma

Community Outreach Assistance Form

Applicant Name: _____ CDIB: _____

Telephone: _____ Dates of Travel: _____

Mailing Address: _____

Please check the appropriate assistance below:

- | | |
|-------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Travel Request | <input type="checkbox"/> Traditional Request |
| <input type="checkbox"/> Lodging Request | <input type="checkbox"/> Homeowner's Request |

Purpose: _____

I understand that any damage(s) or additional charges to any rooms and/or vehicle assigned to me is my responsibility and I will pay for these costs. I also understand that I will not be eligible for lodging for six (6) months if I have outstanding costs owed for previous lodging/vehicle and if law enforcement is called out.

Applicant Signature: _____ Date: _____

(OFFICE USE ONLY)

Travel Request: _____ Adult x \$35.00 Transport Fuel

Traditional: Clan Leader Asst. Clan Leader Warrior
 Singer/Cook Hunter

Lodging: Location: _____ Rate: _____ Nights: _____

Homeowners: Completed Incomplete

Total: \$ _____ Approved Denied

Community Outreach Assistant: _____ **Date:** _____

Community Outreach Director: _____ **Date:** _____

<i>Darwin Kaskaske</i> PEMOETAMOA CHAIRMAN	<i>Everett Sube</i> MOKITANOVA VICE-CHAIRMAN	<i>T. Sunny Downs</i> KAKACHIA SECRETARY	<i>Janetta Mahtapene</i> KIOTHAHEQUAH TREASURER	<i>Patricia Gonzales</i> MOKITANOCUA COUNCILPERSON
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