

Kickapoo Tribe of Oklahoma
Social Services Department

PO BOX 70
McLoud, OK 74851
(405) 964-4227

Email: socialservices@okkt.net

INTERVIEW DATE: _____

APPLICATION FOR FINANCIAL ASSISTANCE AND SOCIAL SERVICES INSTRUCTIONS

Any individual or family may apply for Kickapoo Tribe of Oklahoma Financial Assistance and Social Services by completing the application process with the assistance of the Social Services worker and providing the following required information: proof of tribal membership; proof of residency; proof of income and resources. Failing to provide this information may result in denial of Financial Assistance and Social Services.

DIRECTIONS FOR COMPLETING "APPLICATION FOR FINANCIAL ASSISTANCE AND SOCIAL SERVICES" FORM

Please fill in ***your*** NAME/TRIBE/PHYSICAL ADDRESS/PHONE NUMBER/MAILING ADDRESS (if different from physical address) or provide directions on how to get to your home. Please also respond to the two questions.

Section I: FAMILY PROFILE OF HEAD OF HOUSEHOLD MEMBERS APPLYING

Under Family Profile, fill in the following information to the best of your ability. First, start with yourself. Please fill in your name (Last, First, Middle), Date of Birth (mm/dd/yyyy), Sex (M/F), your marital status, the highest education level received, Social Security Number, and finally your Tribal Enrollment Number. Next, complete the names of the total members of the household starting with your spouse and then children in descending order of age. For each member list the birth date, sex, and relation to the head of household, marital status, highest education received, Social Security Number, and Tribal Enrollment number. If you are living in a household with more than one (1) family, list the family members that fall under your household.

Section II: TYPES OF FINANCIAL ASSISTANCE AND SOCIAL SERVICES

Put a check mark in the boxes for the services you are applying. This will assist your Social Services worker in determining which portions of the application you will need to complete.

Section III: EARNED & UNEARNED INCOME

All income, including earned and unearned income, for yourself and any other person in your household, is to be listed on the application. You are required to provide proof of income.

Earned Income

is cash or any in-kind payment earned in the form of wages, salary, commissions, or profit by an employee or self-employed individual. This includes one-time payments for ongoing activities such as sale of crops or sale of art-work. Self-employed individuals must report profits from business enterprises (gross receipts minus business expenses included in the production of goods or services). Business expenses do not include depreciation, personal transportation costs, capital equipment purchases or principal payments on loans for capital assets or durable goods. (25 CFR §20.308)

Unearned Income

includes but is not limited to; interest, royalties, gaming income or other per capita distribution not excluded by federal statute, rental property, cash contributions such as child support or alimony, gaming winnings, retirement benefits, annuities, veteran's disability, unemployment benefits, and tax refunds. Other types of unearned income include financial assistance from government agencies, income from sale of trust land or other real or personal property set aside for investment in trust land that has not been reinvested in trust land or a sale of a primary residence that has not been reinvested in a primary residence at the end of one year from the date the income was received, and in-kind contributions providing free shelter up to the 25% of the amount for shelter included in the state standard. (25 CFR §20.309).

Under Section II and Section III please complete questions 1-4 to the very best of your ability based on the information provided above. If you are unsure of the question please ask your Social Services worker for assistance or clarification.



**Kickapoo Tribe of
Oklahoma
Social Services
Department**

Date of Application: _____
Date of Interview: _____
Decision:
 Approved; Date: _____ to _____: _____
Initials
 Denied; Date: _____: _____
Initials
Reason for Denial: _____
Date of Redetermination _____

**APPLICATION for
FINANCIAL ASSISTANCE and SOCIAL
SERVICES**

APPLICANT FILL OUT FORM

Name: _____ Tribe/Enrollment Number: _____

Email: _____ Phone Number: _____

Mailing Address: _____

Physical Address: _____ Cell/ MSG Number: _____

Provide directions on how to get to your home: _____

1. Reason for applying for Financial Assistance and Social Services?

2. What type of income have you been living on for the last three (3) months?

Section I: FAMILY PROFILE OF HEAD OF HOUSEHOLD MEMBERS APPLYING (25 CFR §20.308)

Fill in all required blanks for everyone who lives with you, either permanently or temporarily. You must list yourself first, then your spouse and children, then other adults and children. Place an asterisk (*) to the left of each person not included in payment.

Members of Household (Last, First, Middle)	Date of Birth			Sex (M/F)	Relation to Head of Household	Marital Status (Married, Single, Widowed, Divorced, Common Law, Separated)	Highest Grade/ Degree Completed	Social Security Number	Verified	Tribal Enrollment Number	Verified
	Month	Day	Year								
1.					SELF						
2.											
3.											
4.											
5.											
6.											
7.											
8.											

Section II: TYPES OF FINANCIAL ASSISTANCE AND SOCIAL SERVICES (Check type of Assistance or Services applying for)

A. General Assistance B. Burial Assistance C. Emergency Assistance D. Information & Referral Only

Section III. EARNED INCOME & UNEARNED INCOME (25 CFR §20.308-§20.310)

Is anyone in the household currently working or have they worked in the past 30 days Yes No

If yes, identify Household Member(s) who are working and their earnings:

Household Member # 1 _____ Amount \$: _____
 Household Member # 2 _____ Amount \$: _____
 Household Member # 3 _____ Amount \$: _____

Do you expect to receive or are receiving any of the following listed below: Yes No

(If yes, put a check mark in the box in front of all unearned income (not from employment) received by any household members, (see box below; use additional space for further explanation.)

Earned Income		Unearned Income	
<input type="checkbox"/> Wages/ Salary	Amount: \$ _____	<input type="checkbox"/> Supplemental Security Income (SSI)	Amount: \$ _____
<input type="checkbox"/> Alimony/ Child Support	Amount: \$ _____	<input type="checkbox"/> TANF	Amount: \$ _____
<input type="checkbox"/> Gifts/ Contributions	Amount: \$ _____	<input type="checkbox"/> Food Stamps	Amount: \$ _____
<input type="checkbox"/> Income Tax Refund (Federal/State)	Amount: \$ _____	<input type="checkbox"/> Commodities	
<input type="checkbox"/> Insurance Settlement (Auto Accident, etc.)	Amount: \$ _____	<input type="checkbox"/> Foster Care Payments	Amount: \$ _____
<input type="checkbox"/> Interest/ Dividends (Bank Accounts) Other (list): _____	Amount: \$ _____	<input type="checkbox"/> Other (list) (Example: Carl Perkins P.L. 105-332)	Amount: \$ _____
<input type="checkbox"/> Lease Income (list)	Amount: \$ _____	<input type="checkbox"/> Other (list) (Example: Alaska Native Corporation Dividend)	Amount: \$ _____
<input type="checkbox"/> Lottery/ Gaming Income (cash winnings)	Amount: \$ _____	Explain the Amount Approved and/or Disapproved- need to specify gross and net earnings. (Social Service Worker Section)	
<input type="checkbox"/> Retirement Benefits/ Pensions	Amount: \$ _____		
<input type="checkbox"/> Royalties	Amount: \$ _____		
<input type="checkbox"/> Tribal Per Capita Payments	Amount: \$ _____		
<input type="checkbox"/> Social Security/ Survivor/ Disability Benefits	Amount: \$ _____		
<input type="checkbox"/> Unemployment Benefits	Amount: \$ _____		
<input type="checkbox"/> Veteran's Benefits/ Payments	Amount: \$ _____		
<input type="checkbox"/> Worker's Compensation Benefits	Amount: \$ _____		
<input type="checkbox"/> Farm/ Ranch Income	Amount: \$ _____		

Have you applied for TANF? YES NO Date: _____
 Have you been terminated from TANF past 90 days? YES NO
 Are you eligible to reapply for TANF? YES NO
 Have you applied for other Resources/ Programs? YES NO Date: _____

Section IV. STATEMENT OF COOPERATION

I/We apply for financial assistance/ services for the listed members of my (our) household who are in need.
 I/We have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud.

Under 18 U.S.C. §1001, the Federal Law concerning fraud states: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

I (We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation. Release of Information: Human Services is authorized to obtain/exchange information necessary to establish eligibility for assistance. I (We) have read, or had explained to me/us, the provision of our protection under the Paperwork Reduction Act and the Privacy Act.

Please check & initial: Read, Understood & Signed the Fraud Statement: _____
 Read, Understood & Signed the Paperwork Reduction Act: _____
 Read, Understood & Signed Release of Information & Privacy Act/FOIA: _____

Date Signature of Applicant #1 _____ Date Signature of Applicant #2 _____

Date Social Services Worker Signature _____

FOR SOCIAL SERVICES WORKER USE ONLY- INTERVIEW SECTION (Pages 5-7)

Not applicable

A. GENERAL ASSISTANCE (25 C.F.R. §20.300 – §20.323)

<input type="checkbox"/> Employable:	<input type="checkbox"/> Unemployable (25 CFR §20.315)	<input type="checkbox"/> Pending Public Assistance
	<input type="checkbox"/> (a) Student; P.L. 100-297	Date Applied: _____
	<input type="checkbox"/> (b) Medical Exemption	Date Verified by Worker: _____
	<input type="checkbox"/> (c) Incapacitated Person; not yet receiving SSI	
	<input type="checkbox"/> (d) A caretaker of a person with a Mental/ Physical impairment	
	<input type="checkbox"/> (e) Parent with Child under the age of 6	
	<input type="checkbox"/> (f) Distance Related	
____ Miles ____ Time ____ Mode of Transport		

Application for Assistance:	Eligibility Factors:
Yes No N/A	Yes No N/A
<input type="checkbox"/> <input type="checkbox"/> --- Written & Signed Application for Assistance	<input type="checkbox"/> <input type="checkbox"/> --- Member of a Federally Recognized Indian Tribe or Alaska Native Village
<input type="checkbox"/> <input type="checkbox"/> --- Timely Approval Notice Provided	<input type="checkbox"/> <input type="checkbox"/> --- Reside in a Kickapoo Tribe Jurisdiction
<input type="checkbox"/> <input type="checkbox"/> --- Timely Denial Notice Provided	<input type="checkbox"/> <input type="checkbox"/> --- Does not have Sufficient Resources
<input type="checkbox"/> <input type="checkbox"/> --- Hearing Rights Provided	<input type="checkbox"/> <input type="checkbox"/> --- Concurrent Application to other Agencies
<input type="checkbox"/> <input type="checkbox"/> --- Fraud Statement Provided	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ISP Developed and Signed
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Assess Applicant Employability
	<input type="checkbox"/> <input type="checkbox"/> --- Not Receiving Public Assistance (SSI/ TANF)

Eligibility Re-Determination:		
Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Change in Status	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Monthly Job Search Documented	
<input type="checkbox"/> <input type="checkbox"/> --- Review & Update Eligibility (3 or 6 months)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Suspension/ Termination (if applicable)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Signed ISP/Progress update every 3 months	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Job Search Exemption documented	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Recipient complying with ISP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Monitor Recipients training or work related activities	
<input type="checkbox"/> <input type="checkbox"/> --- Home Visit to verify Income, HH Composition & Residency		

Referral(s) to other Resources Services: Check programs to which the applicant is being referred:

<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Tribal Programs:
<input type="checkbox"/> Indian Health Services (IHS)	Identify: _____
<input type="checkbox"/> Educational/ GED/ Vocational	<input type="checkbox"/> Social Security Administration (SSA)
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Housing Programs (HUD)
<input type="checkbox"/> Alcohol and Substance Abuse (ASA)	<input type="checkbox"/> State/ County Programs
<input type="checkbox"/> Medicare	<input type="checkbox"/> Veteran's Administration (VA)
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other:
<input type="checkbox"/> Employment Program (State Employment Services)	Identify: _____
<input type="checkbox"/> Employment and Training Program (Citizen Pottawatomie)	<input type="checkbox"/> No Referral was made

BUDGET CALCULATION (25 CFR §20.311-§20.313):

Household Size: Adults: _____ Children: _____ **TOTAL HOUSEHOLD SIZE:** _____

1. Monthly State Standard	\$ _____	State Standard:
2. Monthly Deductions	\$ _____	Deductions:
3. Monthly Earned Income	\$ _____	Earned Income:
4. Monthly Unearned Income	\$ _____	Unearned Income:
5. Monthly Liquid Assets* Available	\$ _____	Liquid Assets*:
6. Total Monthly Income	\$ _____	What are your monthly expenses?
7. Total Monthly Countable Income	\$ _____	Shelter/ Rent: \$ _____
		Utilities: \$ _____
		Food: \$ _____
		Clothing: \$ _____
8. APPROVED AMOUNT	\$ _____	TOTAL MONTHLY EXPENSES: \$ _____

Additional Comments or Notes

Application Approved

Application Disapproved

Date of Approval

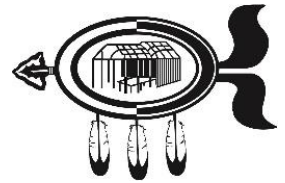
Date of Disapproval

Social Services Worker Signature

Date of Signature

Kickapoo Tribe of Oklahoma

Social Services Department



PRIVACY ACT STATEMENT

25 CFR Part 20 and 25 U.S.C. 13 authorize the collection of this information. The information is confidential and is never disclosed without written clearance and consent of the applicant. The primary use of this information is to determine eligibility for financial assistance and services for the Bureau of Indian Affairs (BIA) Welfare Assistance through the Kickapoo Tribe of Oklahoma, Burial and Disaster Assistance Programs. Additional disclosures of this information may be to other BIA or tribal officials in the conduct of their official duties pertaining to the application for financial assistance or services, or in the conduct of program review and to the Office of Inspector General or the General Accounting Office when conducting an audit of Kickapoo Tribe Social Services Programs, or local Law Enforcement agency when the agency becomes aware of violation or possible violation of civil or criminal law, and to the General Services Administration in connection with its responsibility for records management. This information will be entered into the BIA and Kickapoo Tribe Social Services Database, Financial Assistance and Social Services, which can be obtained upon request from the Social Services Department to authorized requesters. No record contained therein may be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the records pertains. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application. If the Kickapoo Tribe Social Services uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Under the Privacy Act, Kickapoo Social Services may not give out information you give the social service worker except that Social Services may share the information with other Federal, State, and Tribal offices and programs who have some responsibility with the social services for which you are applying. The information can also be given to those agencies when you ask them for a job or some other benefit and for law enforcement purposes. This can be done without your consent. For any other person or program wanting information from your case file, you must first give your written consent or release of information form signed by you. You have the right to know what information is in your case record and you can ask to see it. If you believe some information in your case file is inaccurate, ask your caseworker about how to change the information in the case record.

FEDERAL LAW GOVERNING FRAUD

Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or devise a material fact, or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

DECISION

When you file an application for social services, you have a right to a written decision within 30 days. In some cases, it may take 30 days. If you disagree with the decision, you may have a review of the decision by caseworker, Director and/or Executive Director. You also may file an appeal and have a hearing. An applicant or recipient must pursue the appeal process applicable to the Kickapoo Tribe of Oklahoma appeal policy and procedures. The regulations for Human Services are in Title 25, Code of Federal Regulations, Part 20.

The amount of grant assistance you may receive or authorize to be expended is based on State Standards of Public Assistance and/or the rates established by the Assistant Secretary - Indian Affairs, minus your income and available resources. The information you give must be accurate. If your circumstances change, you must report this immediately to your Social Services Caseworker. By doing so, your Social Services worker can give you proper assistance you are eligible to receive.

Within the limits of its authority, the Social Services Office wants to help you. Ask your Social Services worker to explain more fully any of this information. If you give inaccurate information and receive assistance to which you are not entitled, you will be required to pay it back.

Kickapoo Tribe of Oklahoma

Social Services Department



ELIGIBILITY

INDIAN BLOOD (25 CFR §20.100)

Applicant must (1) be a member of a federally recognized Indian Tribe, or (2) in the Alaska service area only, any person who meets the definition of "Native" as defined under 43 U.S.C. 1602(b): "a citizen of the United States and one-fourth degree or more Alaska Indian." It includes, in the absence of proof a minimum blood quantum, any citizen of the United States who is regarded as an Alaska Native by the Native village or Native group of which he claims to be a member and whose father or mother is (or, if deceased, was) regarded as native by a village or group.

RESIDENCY (25 CFR §20.100 & §20.300)

To be eligible for assistance or services, an applicant must reside in a Kickapoo Tribe Jurisdiction.

ELIGIBILITY FOR OTHER SERVICES

Applicant must not be receiving or eligible to receive County/State Public Welfare or Social Security Income. An individual and/or Spouse must not be receiving little to no income, an individual or family who is presumed to be eligible for these programs may, after providing evidence of having applied for those benefits, be granted General Assistance (GA), pending approval of such application. Also, all clients applying for GA who are eligible for assistance from other programs such as Social Security, Unemployment Benefits, Worker's Compensation, Veteran Benefits, Retirement, etc., will be required to seek and show that they have applied for that assistance. The BIA Financial Assistance and Social Services programs are a secondary resource and cannot be used to supplant or supplement other programs.

POLICY ON EMPLOYMENT: ACCEPTANCE OF AVAILABLE EMPLOYMENT (25 CFR §20.314)

An applicant must actively seek employment including the use of available state, tribal, county, local or Bureau-funded employment services, which they are able and qualified to perform. This means that a recipient, prior to and after applying for GA, must continue to actively seek employment. An applicant or recipient of GA who is determined employable must also accept local and seasonable employment when it is available. According to 25 CFR §20.316, the recipient must demonstrate that they are actively seeking employment by providing the Human Services worker with evidence of job search activities as required in the Individual Service Plan (ISP) and if they do not seek available local and seasonal employment or quit a job without good cause, they cannot receive GA for a period of at least 60 days but not more than 90 after they refuse or quit a job.

Applicants must report all current and expected employment and income. Those claiming temporary or permanent disability are required to present documented medical verification of such disability.

REPORTING REQUIREMENTS

It is the responsibility of all Financial Assistance applicants to report and present appropriate documentary verification of all changes that may occur in their income or living arrangements. Failure to do so may constitute fraud and be subject to prosecution and/or repayment of disbursements. Each of the following must be reported as they occur:

- A move from one residence to another
- Changes in contact information
- Addition to or reduction in household members
- Payments received from employment and/or any other income source
- Changes or adjustments in housing or Utility Costs
- A move from within the Kickapoo jurisdiction

IMPORTANT: Once you have finished reading the *Notification to the Client* you must sign and date Page 4 of the Application and check that you have read and understand all provisions of the Privacy Act/FOIA, the Fraud Statement, the Paperwork Reduction Act, and sign the Release of Information Statement.



RELEASE OF INFORMATION

You grant and authorize the exchange of information between the Kickapoo Tribe of Oklahoma/ Tribal Human Services Program and the following agencies/programs:

- | | |
|--|--|
| <input type="checkbox"/> Tribal/State Employment Offices | <input type="checkbox"/> Tribal/State Alcohol & Drug Programs |
| <input type="checkbox"/> Tribal/State Social Services Programs | <input type="checkbox"/> Tribal/State Housing Programs |
| <input type="checkbox"/> Social Security Administration | <input type="checkbox"/> Veteran’s Administration |
| <input type="checkbox"/> Tribal/State Education Programs | <input type="checkbox"/> Tribal/State Federal Probation Programs |
| <input type="checkbox"/> Tribal/State/Federal Courts | <input type="checkbox"/> Tribal/State Child Protection Services |
| <input type="checkbox"/> Tribal/State Medical Services | <input type="checkbox"/> Tribal/State Mental Health Services |
| <input type="checkbox"/> Tribal Enterprises | <input type="checkbox"/> Tribal/State Voc-Rehab Programs |
| <input type="checkbox"/> Alaska Native Corporations | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> State/County Fiduciary Trust Offices | |

Other (specify): _____

Other (specify): _____

Any information exchanged will pertain to your eligibility to receive Financial Assistance and Social Service benefits or referral to other programs that would benefit you. By signing on the statement of cooperation (Page 3 of the Application) you agree and understand any information obtained will be kept confidential and will be used only for the purposes directly connected with providing benefits or services on your behalf. You further agree and understand that any information obtained may be released to proper governmental agency, court, or law enforcement agencies for purposes of legal and investigative action concerning fraud.

This Release of Information will remain in effect for one (1) year from date of signature or until you request to rescind authorization.

I authorize the Social Services Program to obtain and/or exchange information necessary to establish eligibility for Financial Assistance and Social Services. I have been informed that any person knowingly, willfully, and fraudulently provides false information for the purpose of obtaining benefits which he/she is ineligible to receive, may be fully subject to prosecution by the Kickapoo Tribe of Oklahoma. I have read or had explained to me and understand/agree with the policies, procedures and requirements that govern the Tribal Living Assistance program.

Name of Applicant (Print)

Date

Signature of Applicant

Kickapoo Tribe of Oklahoma

Social Services Department Federal General Assistance Program

PO BOX 70
MPCLOUD, OK 74851



PHONE: (405) 964-4227
EMAIL: socialservices@okkt.net

STATEMENT OF RESIDENCE

To Whom it May Concern

I hereby certify that the information provided is true and correct to the best of my knowledge. I understand that the provided information's is subject to verification and that if I am found to have provided false or fraudulent information, I may be subject to prosecution under the law.

Additionally, the person (s) identified in this statement of residence, will NOT be considered, or claimed part of my household for the current year for tax purposes.

I provided that a place of residence, room, and board only, to the person (s) listed:

Person (s) residing at the address below

Name (First, Last)

Name (First, Last)

Address

City

State

Zip

County

Signature of person providing residence to names listed above

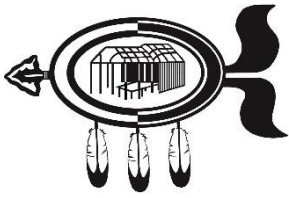
Date _____

(Notary Stamp Here)

Name of Notary: _____

Commission Expires: _____

Date: _____



Kickapoo Tribe of Oklahoma

103565 S. HWY 102, McLoud, OK 74851

Mailing Address: PO Box 70, McLoud, OK 74851

Phone: (405) 964-4227 EXT: 2010 * Email: socialservices@okkt.net

Social Services Department

****MEDICAL APPLICANTS ONLY****

HEALTH EXAMINATION FORM

To the Physician: Please return this health report either to the client or to the address listed above.

To the Client: Only original medical forms will be accepted and MUST Be signed by the physician ONLY.

Last Name	First Name	Middle Name	Gender	Date of Birth
Street Address		City	State	Zip Code

1.) Patient's Complaint: _____

2.) Diagnosis: _____

a.) _____

b.) _____

c.) _____

3) Comment on patient's ability to perform gainful employment: _____

4.) _____

Recommendations for treatment as given to patient by primary physician:

a.) _____

b.) _____

c.) _____

5.) Has patient been adhering to prescribed medication/therapy treatment? Yes No

6.) Employability of patient: (**Check only one**)

i.) Not Employable: If so, please circle approximate length of time
 1 Month 2 Months 3 Months Indefinite Other: _____

ii.) Light Manual/Clerical Labor

iii.) Heavy Manual Labor

7.) Additional Comments: _____

Signature of Physician	Title	Date
------------------------	-------	------

Hospital/Physician Office Address	Telephone Number
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Kickapoo Tribe of Oklahoma

Social Services Department
Federal General Assistance Program

PO BOX 70
MCCLOUD, OK 74851

PHONE: (405) 964-4227
EMAIL: socialservices@okkt.net

Kickapoo Tribe of Oklahoma Work Search Verifications

RE: _____

SS# _____

DATE: _____

TO WHOM IT MAY CONCERN:

This is to advise you that the above-named individual has applied for financial Assistance though this agency. To determine whether to not the eligibility standards are being met, we would appreciate it if you would provide the following information.

SOCIAL SERVICES CASEWORKER

TO BE FILLED OUT COMPLETELY BY PROSPECTIVE EMPLOYER

THIS IS TO CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL HAS APPLIED FOR
EMPLOYMENT AT: _____

LOCATED AT: _____

AT THIS TIME THERE (***IS***) OR (***IS NOT***) WORK AVAILABLE.

IF WORK IS AVAILABLE THE WORK IS (***TEMPORARY***) OR (***PERMANENT***)

DATE

OFFICIAL REPRESENTATIVE (**PRINT FULL NAME**)

PHONE NUMBER

NOTE TO CLIENT: Please advise that it is your responsibility to ensuring the verification is filed out completely before submitting for determination.