



# Kickapoo Tribe of Oklahoma

## Nutrition Program Application for Title VI

Name: \_\_\_\_\_ Tribe & Roll Number: \_\_\_\_\_

Indian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box City, State Zip Code

Direction/Location: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Separated

### Household Members:

Name	Relationship

Do you need transportation to the Nutrition Center?  Yes  No **(Only Friday Mornings)**

**Health:** (Check all that apply)  Diabetic  Heart Patient  Special Diet

Ambulatory:  Full  Partial  Wheelchair  Cane  Crutches

Are you able to get around?  Self  Assistance  Homebound

Vision:  Adequate  Partial  Blind

Hearing:  Adequate  Partial  Hard of Hearing  Deaf

Dental:  Own, Good Condition  Dentures  None

### Emergency Contact:

Name	Relationship	Phone Number

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date