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: ____________________

I. Are you in an abusive relationship? ☐ Yes ☐ No Are you being stalked? ☐ Yes ☐ No Have you been sexually assaulted? ☐ Yes ☐ No Do you feel unsafe in your home? ☐ Yes ☐ No	**MCN Family Violence Prevention Program** **918-732-7979** If you answered yes, please call to speak with an advocate or ask the MCN Social Services staff to assist you.

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?______________________________

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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
1.		☐ DAILY ☐ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY ☐ SEMI MONTHLY
2.		☐ DAILY ☐ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY ☐ SEMI MONTHLY
3.		☐ DAILY ☐ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY ☐ SEMI MONTHLY
4.		☐ DAILY ☐ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY ☐ SEMI MONTHLY
5.		☐ DAILY ☐ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY ☐ SEMI MONTHLY
6.		☐ DAILY ☐ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY ☐ SEMI MONTHLY

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TOTAL GROSS MONTHLY INCOME:	Does applicant have the ability to maintain? ☐ Yes ☐ 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 ______________________________

Notes: ______________________________

☐ Unemployed
- ☐ Laid Off
- ☐ Terminated
- ☐ Resigned
- ☐ Disabled
- ☐ Homemaker

Last Employer ______________________________

Last date worked ______________________________

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 ______________________________

Notes: ______________________________

☐ Unemployed
- ☐ Laid Off
- ☐ Terminated
- ☐ Resigned
- ☐ Disabled
- ☐ Homemaker

Last Employer ______________________________

Last date worked ______________________________

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?

SECTION 8. WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING?

	Assistance	How much?
☐	**Rent and/or deposit payment**	**How much? Rent_____________ Deposit________________**
☐	**Mortgage payment**	**How much? Payment_____________ Deposit______________**
☐	**Electric and/or deposit payment**	**How much? Payment_____________ Deposit______________**
☐	**Gas/Propane/Wood and/ or deposit payment**	**How much? Payment_____________ Deposit______________**
☐	**Water and/or deposit payment**	**How much? Payment_____________ Deposit______________**

☐ **Other:** ____

☐ **Other:** ____

☐ **Other:** ____

☐ **Energy Assistance (Heating: Dec – March /Cooling: June – Sept)**

☐ **Medical Travel Assistance: (please complete below)**

Date of Appointment(s):_________________________

____

____

Where is the doctor/hospital located?_____________

____

____

Overnight stay required? ☐ **Yes** ☐ **No**

Type of vehicle to be driven? (Year, Make, Model)

____

____

Medical Condition/Problem:______________________

____

____

____

Who will be traveling with you? __________________

____

____

____

☐ **Natural Disaster Assistance: (please complete below)**

☐ **Fire**	**Date:** ____________	**Comments:** ____________
☐ **Tornado**	**Date:** ____________	**Comments:** ____________
☐ **Flood**	**Date:** ____________	**Comments:** ____________
☐ **Hurricane**	**Date:** ____________	**Comments:** ____________
☐ **Earthquake**	**Date:** ____________	**Comments:** ____________
☐ **Other**	**Date:** ____________	**Comments:** ____________
☐ **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**
☐ Tribal Agency ____________	☐ Rent/Mortgage payment or deposit
☐ Tribal Town ____________	☐ Electric bill or deposit
☐ Indian Community Center____________	☐ Gas, Wood, Propane bill or deposit
☐ Church ____________	☐ Water bill or deposit
☐ LIHEAP ____________	☐ Other ____________
☐ DHS ____________	☐ Other ____________
☐ Other ____________	☐ Other ____________
☐ Other ____________	☐ Other ____________
☐ Other ____________	☐ 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: _______________ _______________ _______________

_______________ _______________ _______________