



Muscogee (Creek) Nation Social Services Department Office Application

HOUSEHOLD INFORMATION				
HOUSEHOLD MEMBER NAME	DOB	Social Security#	TRIBE/ROLL#	RELATIONSHIP
1.				Head of Household
2.				
3.				
4.				
5.				
6.				

List additional household members on bottom of this page

CONTACT INFORMATION			
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Phone:	Email:		

INCOME INFORMATION EARNED AND UNEARNED INCOME (Employment, Unemployment Benefits, Child Support, TANF, SSA, SSI, SSDI, VA, Retirement, Royalties, etc.)											
HOUSEHOLD MEMBER NAME	INCOME	HOW OFTEN									
		<input type="checkbox"/>	DAILY	<input type="checkbox"/>	WEEKLY	<input type="checkbox"/>	BI-WEEKLY	<input type="checkbox"/>	MONTHLY	<input type="checkbox"/>	TWICE MONTHLY
1.		<input type="checkbox"/>	DAILY	<input type="checkbox"/>	WEEKLY	<input type="checkbox"/>	BI-WEEKLY	<input type="checkbox"/>	MONTHLY	<input type="checkbox"/>	TWICE MONTHLY
2.		<input type="checkbox"/>	DAILY	<input type="checkbox"/>	WEEKLY	<input type="checkbox"/>	BI-WEEKLY	<input type="checkbox"/>	MONTHLY	<input type="checkbox"/>	TWICE MONTHLY
3.		<input type="checkbox"/>	DAILY	<input type="checkbox"/>	WEEKLY	<input type="checkbox"/>	BI-WEEKLY	<input type="checkbox"/>	MONTHLY	<input type="checkbox"/>	TWICE MONTHLY

SITUATION (REASON) YOU ARE REQUESTING ASSISTANCE?

TYPE OF ASSISTANCE ARE YOU REQUESTING?	
Rent/Mortgage	Electric
Gas/Propane/Wood	Water
Medical Travel (must have traveled 25 miles or more for medical treatment)	Disaster (fire, tornado, flood,etc.)
General Assistance (cash assistance for essential needs) No Income for at least 60 days and meet all BIA requirements	

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 with the past 12 months:

PUBLIC DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST

Per 24 CFR 1000.30 (b) and (c), applicants apply for Housing/NAHASDA program are required to provide the following:

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

Name: _____ Relation: _____

Name: _____ Relation: _____

Release of Information

This release of information will remain in effect for one year or until authorization is rescinded. Should you choose a representative to receive or give information to our staff, you must enter their name in the box below.

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

NAME: _____

I do not wish to list any person(s)

Fair Hearing Statement:

Once the Social Service Office receives your application, it is pending until all documentation is received. After 30 days, pending applications will be denied. All requested documentation must be received to determine eligibility. If you dispute an action taken by the Social Service Office you may file a written appeal within twenty calendar days from your denial letter date. The Social Services Director will forward the appeal letter to the Appeals team for review. All decisions are determined by tribal and federal law, along with the programs' policies and procedures. A written decision will be mailed to you within ten business days.

Privacy Act Statement:

The Muscogee (Creek) Nation Social Services Office may share information with other Federal, State, and Tribal programs. Social Services may also contact employers, landlords, utility vendors, businesses, etc., to verify the information provided to our office. Social Services will not share your information other than as described here unless you tell us writing. You may use the release of information statement provided to allow others access to your case information.

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 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. Muscogee (Creek) Nation Social Services has the right to verify all information provided to our office. Falsification of this information may result in the following actions (1) denial of application, (2) ineligibility of services for up to one year, (3) notice of fraud sent to affected parties.

General Assistance:

In accordance to Subpart C-Direct Assistance Eligibility for Direct Assistance at 25 CFR §20.300-§20.319, applicants/recipients must:

1. Actively seek employment and accept local and seasonal employment.
2. Report any changes which may affect eligibility. These changes include, but are not limited to, residence, employment, income/resources (earned and unearned), and household members.
3. Provide information to aid in the development of the Individual Self-Sufficiency Plan (ISP) and sign the document.
4. Perform all tasks defined in the ISP.
5. Participate successfully in treatment and counseling services identified in the ISP
6. Participate in evaluation of job readiness and/or other testing required for employment purposes. If the applicant/recipients do not comply with the ISP, an ineligibility period of 60-90 days will be imposed.

BIA Funds:

Muscogee (Creek) Nation Social Services BIA programs are subject to Congressional appropriations, pursuant to 25 C.F.R. § 20.102 (c).

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.

Responsibility Party Name (printed): _____

Responsibility Party Signature: _____ Date: _____