

Wyandotte Nation 64790 East Highway 60 Wyandotte OK 74370-2098



Phone: (918) 678-3268 – FAX: (918) 676-7004 wyandotte-nation.org

P.L. 102-477 Services Program ~ Application for Assistance

Name:									
		(Last)				(First)			(M.I.)
Address:									
(provide proof of residency)									
		(8)					(C)		
T. "		(City)				(State)	(Zip)		(County)
Email:									
Phone Number:			/II	`				(C II)	
77 11 1 4 0011 1		(Home)			(Cell)				
Tribal Affiliation:									
CDIB Number or Proof of Tribal Affiliat (provide CDIB or proof of aff									
*									
Date of Birth:									
			(Month)			(Day)		(Year)
Gender:		☐ Male	☐ Female			Selective Service	:	☐ Yes	□ No
Veteran:		□ Yes	□ No			Employed:		☐ Yes	□ No
Hours Employed:			per week			Salary/Wage:	\$		per hour
Education Level:			Dropout Student			High School/Diplor Post High School	ma/GED		
Have you experienced any of the following in the last 6 months?									
☐ Loss of job		☐ Homelessness			I Victim of a crime □		☐ Cash Ass	Cash Assistance (BIA, TANF, DHHS, etc	
Please select services	reque	sted:							
	Chi	ldcare			Housing			Counseling	
] Tui	Tuition Assistance			Utility Assistance			Supervised Visitation	
] Vo	ocational Training			Advocacy Services			Child Welfare Services	
	☐ Work Clothes/Supplies				Services Due to Victimization			Legal Assistance	е
] Sch	ool Supplies			Othe	r:			
Client Signature:	gnature:						Date:		
Intake Signature:		OFFICE USE ONLY					Date:		
Referred Caseworker:									