Applicants Rights and Responsibilities Agreement

I hereby authorize the Kaw Nation Indian Child Welfare to make any necessary investigation of my household's financial situation and other conditions relating to eligibility, including, but not limited to, examination of my account with any public utility provider.

I have been informed that any person who knowingly, willfully, and fraudulently provides false information for the purpose of obtaining benefits that he or she is ineligible to receive may be subject to the fullest extent of the appropriate Tribal, State, or Federal statute.

Fair Hearings Statement
If you wish to appeal any decisions regarding your application:

- If you feel the decision of the Indian Child Welfare is in error, you may file a written appeal within ten (I0) days after receiving a letter of denial from the Indian Child Welfare Director

- If you desire a hearing, you may submit a request in writing to the following:

          Please send to: Kaw Nation Indian Child Welfare
                           PO Box 50
                           Kaw City, OK 74641

Please initial each line below:

_____I declare the information on this application is true and correct to the best of my knowledge.
_____I am a member of a Federally Recognized tribe and have provided proof of enrollment.
_____I understand that my household must meet income guidelines to qualify for assistance.
_____I understand it is my responsibility to check with the utility company regarding payments received (if approved) and any balances that I may owe.
_____I understand that it takes a minimum of two (2) weeks for a check to be processed and sent to the energy provider that I listed in the application.
_____I have read and understand the Fair Hearings statement above.
_____I understand that falsifying information on this application can result in denial.
_____I am submitting my verification of sources of all income and authorize Kaw Nation Indian Child Welfare staff to obtain the necessary verification of information provided in this application.

_____   _____
Applicant's Signature   Date
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| (FOR OFFICE USE ONLY) |
| Income verification reviewed: Yes   No |
| Total Monthly Income:_____   Approved:_____Yes_____No |
| Reason for above decision: _____ |
| |
| Indian Child Welfare Director ————————————   Date: _____ |