



KAW NATION INDIAN CHILD WELFARE

PROMOTING SAFE AND STABLE FAMILIES

P.O. Box 50 Kaw City, OK 74641
O: 580-269-2003 Fax: 580269-2113

APPLICANT: Be advised; All approved applications are **once per calendar year**. You **MUST** allow FIVE to SEVEN days for the application screening process.

In order to receive Assistance you must first complete the attached application and submit all documentation with your application, A Case Plan Goal and a Home Assessment.

- Identification for all adults on application
- Social Security cards for all household members; children & adults.
- CDIB verification for all household members; children & adults.
- A copy of Bill

The Indian Child Welfare Program oversees the Promoting Safe and Stable Families Program. This department tries to help as many members as possible, but the funding received is limited.

Therefore, an undisclosed amount of assistance is **eligible once per calendar year**. This rule is put into place as the requests for assistance far exceed the amount of money allocated to the program.

This limit will ensure that a greater number of families receive financial assistance as well as extend the period of time that assistance will be available.

By signing this page, you acknowledge that you have read and agree to the conditions of this application.

*** It is your responsibility to make payment arrangements to keep your services from being disconnected.**

APPLICANT SIGNATURE

DATE

**Kaw Nation Indian Child Welfare
Promoting Safe and Stable Families Program**

Date: _____

Applicant 1: _____ Social Security No.: _____

Date of Birth: _____ Tribal Affiliation: _____ Age: _____

Marital Status: Single Married Divorced
 Separated Widowed/Widower Living with Partner

If separated, is there a custody order in place? Yes No

If so please provide a copy.

Applicant 2: _____ Social Security No.: _____

Date of Birth: _____ Tribal Affiliation: _____ Age: _____

Physical Address: _____

Mailing Address: _____

Telephone Number: _____ Cell: _____ Message: _____

Applicant 1 Employer: _____ Supervisor: _____

Address: _____ Phone No. _____

How long: _____ Rate of pay: _____ How often: _____

Applicant 2 Employer: _____ Supervisor: _____

Address: _____ Phone No. _____

How long: _____ Rate of pay: _____ How often: _____

Other sources of income: Yes No

Name: _____ Relationship income source: _____

Please list ALL household members.

Total number in household, including yourself. _____

Name	Date of Birth	Sex	SSN#	Tribe and Roll #

Referred by: () Self () Friend () Advertisement () Walk-in () Other _____

Name of Person and/or Organization that Referred You _____

Have you received any assistance from any other program within the tribe or any other surrounding tribe and/or government/state program? () Yes () No

If so, please list:

Do you receive:

SNAP Benefits () Yes () No When _____

TANF () Yes () No When _____

Tribal Commodities () Yes () No When _____

I understand and agree that the information contained in this application is true and correct and agree to abide in full faith with requisition assistance through the Indian Child Welfare Office.

Additionally, I agree to participate in any childcare awareness and education classes (Parenting classes, First aid classes, Foster parents classes), and any other recommendations made by the Kaw Nation ICW Department.

Please provide a narrative as to exactly what you are needing assistance with. Include in the narrative how this assistance will help keep your child/children out of the child welfare programs and/or prevent the removal of your child/children from your home.

STATEMENT OF NEED:

Applicant Name Printed

Date

Applicant Signature

Date