

Kaw Nation

Duplicate Services Acknowledgment

Purpose:

To inform Kaw Nation Citizens about the prohibition of knowingly accepting or requesting duplicate services from different Kaw Nation programs.

Acknowledgment and Agreement:

By signing below, I acknowledge and agree to the following:

1. **No Duplicate Services:** I understand that I am prohibited from knowingly accepting or requesting duplicate services from different programs within the Kaw Nation. This means I cannot receive the same or similar assistance from multiple programs.
2. **Impact on Eligibility:** I am aware that requesting or receiving duplicate services may result in ineligibility for services, both now and in the future.
3. **Disclosure Responsibility:** I will provide accurate and complete information regarding any services I have received or am currently receiving from any of the programs. I acknowledge that failure to disclose such information may result in penalties or other consequences.
4. **Legal Consequences:** I understand that knowingly accepting or requesting duplicate services may result in legal action, including potential criminal charges, if deemed fraudulent. This includes, but is not limited to, legal penalties, fines, or other repercussions.
5. **Verification:** I consent to the verification of the services I have received as part of the intake process for any program.

Signature: _____

Printed Name: _____