Miami Nation Social Services Department
Application for Services

_____

Today's Date

Name (Last, First, MI)

_____

Name as it appears on Roll

Street Address City State Zip Code

_____

County

Name of Tribe Affiliated With

_____ _____ _____

Date of Birth Age Sex

Phone Number or Contact Number Best time of day to be reached

Please check the program(s) of which you wish to apply.

____ Indian Child Welfare (ICW)
____ Clothing Allowance
____ Promoting Safe and Stable Families (PSSF)
____ Substance Abuse
____ Title IV-B Child Welfare Services
____ Job Training Program
____ Foster Care/Adoption
____ Housing Program
____ Parenting Classes
____ Financial Classes
____ Low Income Home Energy Assistance Program (LIHEAP)
____ Residential Energy Assistance Challenge Option Program (REACH)
____ Tribal Youth Life Skills Group
____ Niiyawi Project