



Adult Services
Miami Tribe of Oklahoma
3410 P Street NW
Miami, OK 74354
(918) 541-1389



Please allow up to 30 days processing time for applications.

PERSONAL INFORMATION

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (home/cell.) Alt. Phone: _____

Date of Birth: _____ Male/Female _____ Veteran: Y/N

FAMILY STATUS

Single/Individual _____ Married _____ Divorced _____ Head of Household _____

Dependent member of a family _____ one-parent _____ two-parent household

Total # in household _____ Number of dependents under age 18 _____

EDUCATION

Currently Enrolled in High School?: Y/N Highest Grade Completed: _____

Diploma/GED: _____ Technical Training Received: _____

College Attended: Y/N Degree Received: _____

Course of Study: _____

Certifications Received: _____

Did you receive special education services while attending high school? _____



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TRIBAL AFFILIATION

Please Circle: ALASKA NATIVE/AMERICAN INDIAN

Tribal Affiliation: _____ Roll Number: _____

Descendent of Member: _____

FAMILY INCOME CERTIFICATION

Total family income for the last 12 months: _____

Source of Income

TANF: \$ _____ Start Date: _____ End Date: _____

SSI: \$ _____

SSDI: \$ _____

Worker's Compensation: \$ _____

Do you currently receive any of the following assistance? Y/N

Food Stamps: _____

Food Commodities Distribution: _____

Medicaid: _____

REQUEST FOR SERVICE

Check all that applies to your immediate need for services.

Education and Training

Work Activities

Other Activities

- ___ HS Diploma
- ___ GED
- ___ ESL
- ___ Literacy Improvement
- ___ Continued Education

- ___ Employment
- ___ Job Search
- ___ Work Experience
- ___ On the Job Training

- ___ Life Skills
- ___ Parenting Skills
- ___ Est. Paternity
- ___ Child Support
- ___ Substance Abuse



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BARRIERS TO EMPLOYMENT

Please check all that apply (Note: These barriers do not exclude you from receiving services in our program.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Single/Head of Household | <input type="checkbox"/> Did not complete H.S. | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Limited English Proficiency | <input type="checkbox"/> No GED | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Unemployed 15 weeks + | <input type="checkbox"/> Low Math Skills | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Previous Felony | <input type="checkbox"/> Low Reading Skills | <input type="checkbox"/> TANF Recipient |
| <input type="checkbox"/> Food Stamp Participant | <input type="checkbox"/> Pregnant youth | <input type="checkbox"/> Low Income |
| <input type="checkbox"/> Lack of Work History | <input type="checkbox"/> Displaced Homemaker | |

I certify that the information given is true to the best of my knowledge. I understand that this information may be confirmed. Any state, federal, local agency, or former employer referred to in this application is free to release information about me regarding the information contained. I understand that if I have deliberately given false information on this application to fraudulently obtain assistance I will be immediately removed from the program and can be held liable to repay any and all funds received or paid on my behalf.

 Applicant Signature

 Date

 Parent or Guardian Signature
 (if participant is under the age of 18)

 Date

 Program Coordinator

 Date



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Conflict of Interest Disclosure

The Miami Tribe of Oklahoma Adult Services Program takes seriously any actual or potential conflicts of interest. As we wish to avoid even the appearance of a conflict, we ask all applicants to disclose any immediate family members, or significant persons, which could potentially cause a conflict of interest. For this purpose, immediate family members include, but is not limited to, spouse, children, parents and siblings.

Please list any relationship here (please print):

Attestation: The undersigned individual (s) hereby attest he/she is a participant in the Miami Tribe of Oklahoma Adult Services Program and that he/she is independent of and has no conflict of interest with any persons listed above.

Signature of Applicant:

Date:



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Authorization To Release Information

I, _____, hereby authorize the Miami Tribe of Oklahoma Social Services and Housing Department to release and/or receive information to and from the following organizations. I have been informed of the type of information to be released and requested.

____ Department of Human Services _____

____ Court/Criminal/Civil _____

____ Attorney _____

____ School Records _____

____ Housing _____

____ Employer _____

____ Other _____

____ I hereby release the Miami Tribe of Oklahoma and its agents and employers from any and all liabilities, responsibilities, damages and claims which might result from the release of information authorized above.

____ I hereby waive any therapist-patient privilege with respect to records releases to the above named individual or organization.

____ I hereby waive any physician-patient privilege with respect to records releases to the above named individual or organization.

____ I understand that the above- named consents are subject to revocation by me at any time, except to the extent that action has been taken in reliance on this consent prior to revocation.

Signature of person authorizing release:

Date:

Signature of Program Director:

Date:



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Certification of Eligibility for Services

I, _____, certify that _____
Has met the application requirements. Further, based on all the information received and reviewed by this office following the intake interview process it has been determined that this person has met the requirements and is eligible for assistance.

The determination was based on the following criteria

___ Alaska Native

___ American Indian Tribal Affiliation: _____

___ Unemployed

___ Underemployed / Low Income

___ TANF Recipient

___ Other Public Assistance Recipient: _____

___ Additional Criteria for Youth Services: _____

___ Disabled

___ Other _____

Signature of Program Director:

Date: