

SOCIAL SERVICES
CSBG Program



P.O. Box 38
Concho, OK 73022
Off: (405) 422-7476
1-800-247-4612
Ext. 27476
Fax: (405) 422-8218

Community Service Block Grant
Department of Social Services

Submit only one application per household.

The Community Service Block Grant Program is offered through the Social Services Program to assist Native American for Emergency Food Assistance, Emergency Electric Assistance (utilities that have been cut-off and require reinstatement fee). This is limited to **BLAINE, BECKHAM, CANADIAN, CUSTER, DEWEY, KINGFISHER, ROGER MILLS, WASHITA, MAJOR, WOODWARD, and ELLIS COUNTIES.**

- Applicant is applying for: Emergency Food Assistance: _____
Emergency Electric Assistance: _____
- Have you received Emergency Food Assistance or Electric Assistance?
Yes: _____ No: _____
If YES, When? _____
- Do you reside within the 11 county service areas? Yes: _____ No: _____
- Are your utility services currently disconnected? Yes: _____ No: _____
- Are you receiving food stamps or commodities? Yes: _____ No: _____

Below is a checklist of the required documents that are needed to process an application. It is the applicant's responsibility to provide **all** necessary documents. In order to expedite your application process, please provide all necessary documents when turning in an application. The Caseworker **CANNOT** process an application without all required documents. **All applicants will be verified through OKDHS and Cheyenne & Arapaho Tribes Food Distribution Program.**

REQUIRED DOCUMENTS:

_____ CDIB for at least one (1) member of the household

_____ Current, Original Utility Bill (Electric, Propane, or Gas)

_____ Proof of Income for all Household Members over Eighteen (18) Years of Age*

*Check stubs, SSI/SSA/VA award letters, TANF award letters, unemployment benefit statements, child support award letters, & an annual IIM account summary must be included in the proof of income. **All no-income statements must be signed in front of notary.**



Please Read Carefully:

The amount of assistance that you receive is determined based on the information that you provide below. Please make sure that all information is accurate and up-to-date. The application must be fully completed, signed, and turned in with all necessary documents to the Cheyenne & Arapaho Tribes Social Services office. Processing will be done in a timely manner and all applicants will receive notice of approval or denial. Please contact the CSBG Caseworker if you need assistance filling out an application or if you have any questions.

Applicant Must Be Head of Household

Date: _____ Full Name: _____

Date of Birth: _____ Age: _____ Social Security #: _____

Physical Address: _____

Mailing Address: _____

Phone: (____) _____ Tribe: _____

List All Household Members:

Full Name	Date of Birth	Age	Social Security	Relation	Elderly, Handicapped, Or Disabled?			Employed	
					E	H	D	Yes	No
					E	H	D	Yes	No
					E	H	D	Yes	No
					E	H	D	Yes	No
					E	H	D	Yes	No
					E	H	D	Yes	No

Household Income:

Please provide a complete, accurate list of income for all members of your household. **All household members over eighteen (18) years of age must provide proof of income.**



List amount of income earned each month:

Please list any other assistance that you receive.

Weekly: W Monthly: M
Bi-Weekly: B Annually: A

Source of Assistance:	Award Amount:	Payment Schedule:
Unemployment	\$	W B M A Other:
DHS/TANF	\$	W B M A Other:
Child Support	\$	W B M A Other:
Social Security	\$	W B M A Other:
SSI/SSA	\$	W B M A Other:
Retirement/Disability	\$	W B M A Other:
General Assistance	\$	W B M A Other:
IIM Account	\$	W B M A Other:
VA Benefits	\$	W B M A Other:

*Please attach award letters for benefits received to your completed application.

Head of Household:	Hourly Wage:
Payment Schedule: Weekly Bi-Weekly Monthly Other:	
Average hours per week:	Employer:
Employer contact information:	

Name:	Hourly Wage:
Payment Schedule: Weekly Bi-Weekly Monthly Other:	
Average hours per week:	Employer:
Employer contact information:	

- **Please list any additional income on an additional page and attach any check stubs.**
- **Other assistance (SSI, Disability, etc.) can be accounted for on page 5.**
- **If household members over eighteen (18) years of age are not receiving income, please fill out a “No Income Statement” on the next page.**



• No Income Statement:

Please explain why you do not currently have an income, and **also explain how your needs are currently being met.**

I, _____, currently do not receive any monetary income because:

Client Signature: _____ Date: _____

• No Income Statement:

Please explain why you do not currently have an income, and **also explain how your needs are currently being met.**

I, _____, currently do not receive any monetary income because:

Client Signature: _____ Date: _____

PLEASE NOTARIZE BELOW:

Signature of Client

SEAL

State of Oklahoma
County of _____

Signed and/or attested before me on this _____ day of _____, 20____

Notary Public

Commission# _____
My Commission Expires: _____



Other Assistance:

Please list any other assistance that you receive.

Weekly: W Monthly: M
Bi-Weekly: B Annually: A

Source of Assistance:	Award Amount:	Payment Schedule:
Unemployment	\$	W B M A Other:
DHS/TANF	\$	W B M A Other:
Child Support	\$	W B M A Other:
Social Security	\$	W B M A Other:
SSI/SSA	\$	W B M A Other:
Retirement/Disability	\$	W B M A Other:
General Assistance	\$	W B M A Other:
IIM Account	\$	W B M A Other:
VA Benefits	\$	W B M A Other:

*Please attach award letters for benefits received to your completed application.

PLEASE READ CAREFULLY:

By signing below, I agree to the following terms:

Initial: ____ I certify that the information on this application is true and correct to the best of my knowledge. If I provide fraudulent information, my eligibility for future CSBG services could be suspended.

Initial: ____ I understand that my application will not be processed until all required documentation is submitted.

Initial: ____ I authorize the Cheyenne & Arapaho Tribes' Department of Social Services to acquire any information that is necessary to complete my application.

If you have read, understand, and agree to the terms above, please sign below:

Client Signature: _____ Date: _____

Witness/Caseworker Signature: _____ Date: _____



RELEASE OF IIM INFORMATION

I, _____ hereby authorize the Office of the Special Trustee for American Indian of the Department of the Interior (OST) to disclose my Individual Indian Money (IIM) Account Information of the Cheyenne and Arapaho Tribes Social Services Program only. This release does not authorize OST to send information to any other agency (federal, state, or tribe). I understand this authorization is voluntary.

I understand that I may revoke this authorization in writing at any time, except to the extent action has already been taking in reliance on it. I understand that the authorization will expire 12 months from the date signed. I understand the requested information will be used to determine eligibility for assistance with the Cheyenne and Arapaho Tribes Social Services Program and my signature allows tribal programs to share my information to determine eligibility. I authorize OST to provide IIM income print out information from the past 12 months to today's date of _____, 2018.

Social Security #: _____ DOB: _____ IIM#

Signature: _____ Date: _____

PLEASE NOTARIZE BELOW:

SEAL

State of Oklahoma
County of _____

Signed and/or attested before me on this _____ day of _____, 20____

Commission #: _____
My Commission Expires: _____

Notary Public



Request and Authorization to Release Information

I hereby do authorize the Cheyenne & Arapaho Tribes Food Distribution Program to be provided all information to substantiate income, benefits, or other areas named below. I understand this information is required for inclusion in my personal file, to verify my eligibility in the program.

Name: _____

Date of Birth: _____ SSN: _____

- To : CHEYENNE & ARAPAHO TRIBES – SOCIAL SERVICES PROGRAM – Community Service Block Program
- To CONCHO AGENCY, P.O. BOX 68, EL RENO, OK 73036,
- ATTENTION IIM OFFICE:

FOR IIM ACCOUNT INFORMATION: IIM #: _____

INCOME VERIFICATION: IIM ACCOUNT PRINT OUT FOR THE LAST 6 MONTHS

- To C & A TRIBES TRIBAL ENROLLMENT DEPARTMENT:

FOR CDID TRIBAL ROLL #:

(Please attach certificate)

APPLICANT SIGNATURE: _____ DATE: _____

Witness Signature: _____ DATE: _____

Witness Signature: _____ DATE: _____

(Witness used only if signatures are made by mark or needed verification)

Certification Personnel: _____ **DATE:** _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

(REV. 2/2019)