



It will be accomplished for the future...One generation at a time.

Miami Nation Social Services Department Application for Services

Name (Last, First, M) _____
Date

Name of Tribe Affiliated With _____
Name as it appears on Roll

Male Female

Date of Birth _____
Age

Street Address _____
City _____
State _____
Zip Code

Mailing Address *(If different from above)* _____
City _____
State _____
Zip Code

Daytime Phone Number _____
Message Phone Number

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

- | | |
|--|---|
| <input type="checkbox"/> Indian Child Welfare (ICW)
<input type="checkbox"/> Promoting Safe and Stable Families (PSSF)
<input type="checkbox"/> Title IV-B Child Welfare Services
<input type="checkbox"/> Foster Care/Adoption
<input type="checkbox"/> Parenting Classes
<input type="checkbox"/> Low Income Home Energy Assistance Program
(LIHEAP)
<input type="checkbox"/> Clothing Closet
<input type="checkbox"/> Social Services Library | <input type="checkbox"/> Clothing Allowance
<input type="checkbox"/> Substance Abuse Program
<input type="checkbox"/> Weeciilamakinciki (“We Help Them”) Program
<input type="checkbox"/> Indian Housing Block Grant
<input type="checkbox"/> Financial Classes
<input type="checkbox"/> Supervised Visitation

<input type="checkbox"/> Resource Room |
|--|---|