Client Application for Promoting Safe and Stable Families Program

Basic Information:

Name:	DOB:	Tribal Enrollment #

==*Please provide a copy of tribal enrollment/CDIB card along with application==

Phone #:	Email:	Primary Language:

Address:

Are you a new or returning client? Circle one.

New   Returning   (If returning, just fill out any new/changed information)

Family Composition:

Names	Ages	Lives in home? (Y/N)	Tribal member? (Y/N)

Housing Information:

Please detail your current housing situation:

(example: home owners, rents apartment, lives in shelter, shares home with relatives, etc.)

Marital Status: Circle One

Married   Single   Widowed   Divorced

Military Status: Yes/No

Employment Status: Circle One

Unemployed   Full-Time   Part-Time   Seasonal   Other

If other explain_____

Monthly Income:

[ ]

Sources of Income_____

Public Assistance? (TANF, WIC, SNAP, Rental Assistance, LIHEAP, etc.) If yes, explain

[ ]

Please detail your typical monthly expenses:

Education Level: Circle One

Highest Grade Completed_____   High School   GED   Some College

College Degree   Advanced Degree   Vocational Ed.

Health & Wellness

- Do you have a primary care physician? Yes/No
- Insurance? Yes/No
- Do you have a support system? Circle applicable

Family   Friends   Work   Church   Clubs/Activities   Pets

Other: _____

- What is your regular form of transportation? _____

Please explain, in your own words, your situation & reasons for seeking services:

Using the checklist below, indicate your family's immediate needs:

Rental/Housing Assistance
- o Prior to checking, please verify that you are not eligible for rental/housing assistance through other programs—including Miami Tribe's Housing & Adult Services Program. MTOK ICW will not be able to assist if you are eligible for other programs.
- o Our program cannot assist with mortgage payments.

Utility Assistance
- o Prior to checking, please verify that you are not eligible for utility assistance through other programs--- including Miami Tribe's Housing & Adult Services Program. MTOK ICW will not be able to assist if you are eligible for other programs.
- o Our program cannot assist with phone bills or internet bills.

Groceries
- o This can include housing items: trash bags, lightbulbs, cleaning supplies, etc.
- o Please list any specific grocery needs:

Clothing
- o Sizes & items:

Bedding
Diapers
Wipes
Formula/bottles
Pest Control
- o Please specify _____

These services/resources below are not directly offered through our program, however, if you indicate interest, our office can provide additional information:

Mental Health Resources
Substance Use Services
Transportation
Child Care Services

Acknowledgement of Program Stipulations and Assistance

The Miami Tribe of Oklahoma Indian Child Welfare Department's PSSF Prevention program is a program for families in an "at-risk" situation for child welfare involvement. Each application is assessed on an individual basis to determine if the circumstances meet the criteria for program assistance. Our program assists families on a first come, first served basis with Miami Tribal families receiving preference. Each family, if assessed to meet the program's criteria, can be assisted up to the amount of $500 worth of assistance. Each family, if determined to meet criteria, will be monitored by the MTOK ICW department for a duration of 6 months and may be asked to sign a prevention service plan. Applicants can reapply for the program but cannot be assisted more than once in a 12-month span.

The signature and date below affirm that the information provided within the application is true to the best of the applicant's knowledge. By signing below, the applicant understands that they are applying for a prevention program aimed at preventing child welfare intervention. By signing below, the applicant acknowledges that the situation that prompting the request for assistance was a situation that could result in a child welfare referral or intervention. Lastly, the signature below indicates a complete understanding of the program's stipulations as indicated in the above paragraph.

_____

Signature

_____

Date of Application