

Iowa Tribe of Oklahoma

Social Services Department Application for a Box Fan

The applicant must be 55 years of age or older,
Must be an enrolled member of a tribe with a CDIB # / enrollment #.
Can only receive one fan per household per year.

NAME: _____ PHONE #: _____
LAST FIRST M.I.

ADDRESS: _____
PHYSICAL CITY STATE ZIP CODE

FAMILY PROFILE

FIRST, LAST NAME	DATE OF BIRTH MM/DD/YYYY	GENDER	RELATION TO HEAD OF HH	NAME OF TRIBE & CDIB #
			SELF	

STATEMENT OF COOPERATION

1. I have applied for services for the listed members of my household who are in need.
2. If I commit or break any Federal Law governing fraud, services will no longer be available.
3. I have agreed to supply information regarding resources and income and to notify the agency of any changes in our situation. Social Services are authorized to obtain information necessary to establish eligibility for assistance.
4. I am protected under the Paperwork Reduction Act and the Privacy Act, that my information will not be shared.

Signature of Applicant

Date

To be completed by office personnel

ACTION: _____ APPROVED _____ DENIED REASON FOR DENIAL: _____

SIGNATURE: _____ DATE: _____