

Iowa Tribe of Oklahoma
Social Services
Application for Space Heater

Name: _____ Phone: _____
(LAST) (FIRST) (MIDDLE)

Address: _____
(CITY) (STATE) (ZIP CODE)

HOUSEHOLD INFORMATION

First and Last Name	Date of Birth MM/DD/YY	Gender	Relationship to Head of Household	Tribe / CDIB / ID #

STATEMENT OF COOPERATION

(I, We) Applied for services for the listed members of my (our) household who are in need.
 (I, We) Commit any Federal Law governing fraud, services will no longer be available.
 (I, We) Have agreed to supply information regarding resources and income and to notify the agency of any changes in my (our) situation. Social Services are authorized to obtain information necessary to establish eligibility for assistance.
 (I, We) Protected under Paperwork Reduction Act and the Privacy Act Information will not be shared.
 (I, We) Understand that the food received will help for a few days not for a month or weeks.

Signature of Applicant

Date

OFFICE USE

Action : Approved Denied Reason for denial: _____

Advocate/Case Worker: _____ Date: _____