



**Wichita and Affiliated Tribes
Tribal Funded Social Service Program**

P.O. Box 729
Anadarko, OK. 73005
Office: (405)247-2425 Ext. 120 ♦ Fax: (405)247-3256

**CSBG Application
FY – 2018**

Applicant checklist for program eligibility are as follows:

- 1. Application per fiscal year for CSBG Activities/Events/Services** (Fiscal Year is Oct. 1, 2017 to September 30, 2018)
- 2.** Must be a Wichita and Affiliated Tribes enrolled Tribal Member (if applicant is ages 0-17 a guardian can fill out form for the youth tribal member if services are for youth activities/services)
- 3. Completed Application**
- 4. Certificate of Degree of Indian Blood (CDIB) copies** (for applicant and **all** other household members - Non-Native American household members must provide State I.D.)
- 5. Income Verification** - Trust Property Income (ledger sheets), S.S. Statement (retirement or disability), Employment (check stubs), Unemployment Statement, Child Support, any other income (received by everyone in household). If **No Income** Statement on letterhead from your last employer or a Statement of No Income (statement will be filled out in office.)

Family Size	Annual	Monthly	Weekly
1	\$15,175	\$1,265	\$292
2	\$20,575	\$1,715	\$396
3	\$25,975	\$2,165	\$500
4	\$31,375	\$2,615	\$603
5	\$36,775	\$3,065	\$707
6	\$42,175	\$3,515	\$811
7	\$47,575	\$3,965	\$915
8	\$52,975	\$4,415	\$1,019
Each Add'l	\$5,400	\$450	\$104

125% of the Federal Poverty Level Guidelines

****Please ask department if you need to see a copy of CSBG Income Program Guidelines****

Time of Arrival to Family &
Children Services office

Fy-18 COMMUNITY SERVICE BLOCK GRANT APPLICATION

DATE: _____ APPLICANT'S NAME: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED OTHER

CURRENT AGE: _____ DATE OF BIRTH: _____ SOC. SECURITY #: _____

WICHITA TRIBAL ENROLLMENT #: _____

ADDRESS: _____
House # & Street/R.R. #/CR #/CS# City State Zip Code

MAILING ADDRESS (IF DIFFERENT FROM ABOVE ADDRESS): _____

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL ADDRESS: _____

SPOUSE/COMPANION NAME (IF APPLICABLE): _____

SOC. SECURITY #: _____ DATE OF BIRTH: _____ TRIBE: _____

****COPY OF ENROLLMENT/CDIB & SOCIAL SECURITY CARD FOR EVERYONE MUST BE PROVIDED****

LIST ALL HOUSEHOLD MEMBERS (INCLUDE APPLICANT AND SPOUSE/COMPANION)

NAME	MALE/ FEMALE	RELATIONSHIP to applicant	AGE	DATE OF BIRTH	SOC. SECURITY #	SCHOOL	GRADE	TRIBE/ ENROLLMENT #
		SELF						

TYPE OF ASSISTANCE REQUESTING:

****STATE REASON WHY YOU ARE REQUESTING ASSISTANCE: **MUST BE FILLED OUT**

I HAVE PROVIDED THE ABOVE INFORMATION TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE AND/OR MISLEADING INFORMATION WILL RESULT IN DENIAL OF APPLICATION, TERMINATION OF SERVICES, AND/OR LEGAL ACTION.

APPLICANT'S SIGNATURE

DATE

By signing this application, I authorize **The Tribal Funded Social Service Program** to release and/or obtain any information necessary to establish eligibility for assistance.