



**Wichita and Affiliated Tribes**

**ARPA Department**

P.O. Box 729

Anadarko, OK. 73005

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Email: [ARPAdepartment@wichitatribe.com](mailto:ARPAdepartment@wichitatribe.com)

**CSBG Application FY 2023**

Applicant checklist for program eligibility are as follows:

- 1. Application per fiscal year for CSBG Activities/Events/Services
- 2. Must be a **Wichita and Affiliated Tribes enrolled Tribal Member** (if applicant is ages 0-17, a parent/guardian must fill out the form for the youth tribal member)
- 3. **Completed Application:** Your application must be filled out completely, an incomplete application could cause a delay in the process of your assistance request or jeopardize your eligibility.
- 4. **Certificate Degree of Indian Blood (CDIB) copies** – for any and **all** tribal household members **State ID** for non-tribal household members
- 5. **Income Verification** - Employment (two most recent check stubs), *Current* Social Security Statement (retirement or disability), Unemployment Statement, Child Support, and any other income (received by **everyone** in household). BIA Ledger for one full year or No Land Letter for applicant is required. **\*\*If zero income can be claimed, please request a ZERO INCOME FORM from the Family and Children Services front desk and attach with the application.**
- 6. **Residence Verification-** If bill is not in applicant's name you must request a **RESIDENCE VERIFICATION FORM** and this must be signed by account holder and applicant, *or* applicant can provide two (2) pieces of mail with applicant's name that are received at address stated on bill postmarked within 30 days of application.

**Income Eligibility Bracket- Not to exceed cap amounts listed below**

Family Size	Annual	Monthly
1	\$ 18,225	\$ 1,519
2	\$ 24,650	\$ 2,054
3	\$ 31,075	\$ 2,590
4	\$ 37,500	\$ 3,125
5	\$ 43,925	\$ 3,660
6	\$ 50,350	\$ 4,196
7	\$ 56,775	\$ 4,731

**FFY 2023 HHS 125% FPG**

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

**APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL REQUIRED DOCUMENTS ARE SUBMITTED. ONCE COMPLETED, PLEASE ALLOW (10) WORKING BUSINESS DAYS FOR PROCESSING AND ELIGIBILITY DETERMINATION**



# FY 2023 COMMUNITY SERVICE BLOCK GRANT APPLICATION

Time of Arrival to Family & Children Services office

DATE: \_\_\_\_\_ APPLICANT'S NAME: \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  WIDOWED  MINOR

CURRENT AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ LAST FOUR SSN #: \_\_\_\_\_

WICHITA TRIBAL ENROLLMENT #: \_\_\_\_\_

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

MAILING ADDRESS (IF DIFFERENT FROM ABOVE ADDRESS): \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ MESSAGE PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**\*\*COPY OF ENROLLMENT/CDIB OR STATE ID FOR EVERYONE MUST BE PROVIDED\*\***

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

NAME	MALE/ FEMALE	RELATIONSHIP to applicant	AGE	DATE OF BIRTH	CURRENT GRADE STUDENTS ONLY	TRIBE AFFILIATION
1.		SELF				
2.						
3.						
4.						
5.						
6.						
7.						

Please use a different sheet of paper for additional household members

### TYPE OF ASSISTANCE REQUESTING:

- WEATHERIZATION
  YOUTH CAMP/CLINIC ASSISTANCE  
 DIRECT CLIENT SUPPORT
  ACTIVITIES-RECREATIONAL/CULTURAL  
 IDENTIFICATION REPLACEMENT
  OTHER: \_\_\_\_\_

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

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**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/PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

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