

**Pawnee Tribe of Oklahoma
Community Service Block Grant (CSBG) Program**

Date: _____

Tribe: _____

Name of Applicant Applying: _____ DOB: _____ S.S. # _____

Address: _____ City _____ State _____ Zip _____ Phone _____

Are you Employed? Yes ___ No ___ (If Yes) Employers Name: _____

Other Members of Household							
Name	D.O.B	Disabled	CDIB Card		Is this Person Employed?		If Yes - Employers Name
			Yes	No	Yes	No	
1.							
2.							
3.							
4.							
5.							

Source of Income For All Adult Members of Household 18 Years of Age or Older			
Unemployment Compensation	\$ _____ Mo	Workman's Compensation	\$ _____ Mo
Social Security Income	\$ _____ Mo	Child Support/Alimony	\$ _____ Mo
Supplemental Security (SSI)	\$ _____ Mo	Wages	\$ _____ Mo
State Aid	\$ _____ Mo	Self Employed Income	\$ _____ Mo
AFDC	\$ _____ Mo	Spouse Income	\$ _____ Mo
Veterans Benefits	\$ _____ Mo	Other Income (Specify)	\$ _____ Mo
Retirement/Pension	\$ _____ Mo.	Total Household Income	\$ _____ Mo

Does the household receive the following: TANF _____ Food Stamps _____ Commodities _____

If applying for deposit assistance, what type? _____ Electric _____ Gas _____ Housing _____

If applying for health assistance, what type? _____ Medical _____ Dental _____ Optometry _____ Audiology _____ Prescriptions _____

Applicants Signature Date

CSBG Staff Signature Date

OFFICE USE ONLY			
Approved _____	Denied _____	Reason for Denial _____	Amount _____

**COMMUNITY SERVICE BLOCK GRANT (CSBG)
PAWNEE NATION OF OKLAHOMA**

Requirements:

Applicant must be Native American as verified by a Certified Degree of Indian Blood (CDIB) or Tribal Membership card. Please provide CDIB or Tribal Membership card for all members residing at the residence. If CDIB or Tribal Membership card is not applicable, provide Driver License or Social Security card.

Applicant must reside in Pawnee County as verified by Proof of Residence-current utility bill

Proof of Income—prior (30) days income verification (i.e. check stub, social security, bank statement, unemployment, TANF, etc.). Applicant must meet poverty guidelines set forth by Department of Health & Human Services (DHHS).

*One time assistance will be available per household per fiscal year.

Client Rights & Responsibilities:

I declare that the information I have given on my application is true and correct and that I will cooperate with Tribal and Federal officials should my application become part of a quality control audit review. I understand that the Pawnee Nation CSBG Program is federally funded and that there is a penalty for providing false information.

I hereby authorize Tribal Representatives to make any necessary investigation of my financial condition or other information regarding my eligibility. I understand that I have a right to a fair hearing if I am not satisfied with the decision, action, or any unreasonable delay in a decision on my application. A request for a hearing must be submitted in a written form to the Pawnee Nation CSBG Office within (10) working days of decision notification. If no request for a hearing is filed within the (10) working day period, the hearing offer is deemed to have been refused and no hearing will be held.

If a hearing is requested, the Pawnee Nation CSBG Office will designate a presiding officer, and the hearing will take place on a date, time, and location agreed upon among the hearing requestor, Pawnee Nation CSBG Office, and the presiding officer. If an agreement cannot be reached, the presiding officer will designate a date, time, and location for the hearing.

Applicant Signature

Date

CSBG Staff Signature

Date