



**Cherokee Nation Human Services
FAMILY ASSISTANCE DEPARTMENT
EXTENSION
CHECK OFF LIST**

Please check each section after you have read & provided the required documents

_____ I have read the guidelines & requirements; as well as, having completely filled out every section of the application. **(No faxed or emailed applications will be accepted) ONLY** the complete original application will be accepted.

_____ I have submitted **photo** identification (**PARENT-Driver's license, State I.D. or Tribal I.D.**)

_____ I have submitted each students **Cherokee Nation tribal membership cards.**

_____ I have provided **2018** income verification for **ALL** members of the household. **(2018 tax return, TANF, social security (SSI, SSD, SSA), child support.)**

_____ I have submitted proof of residency. **(Only 911 address/Utility Bill-no older than 30 days)**

_____ I have submitted Public or Private school verification for my child(ren). **(Only current school year report cards or copies of the school enrollment packet will be accepted)**

_____ I have provided **custodial parent/guardianship verification. (For single parent or guardianship households) A copy of legal custody/guardianship papers if the child is in your care.** If legal court documents is not available, other forms of verification may be accepted: **(2018 income tax (showing you claimed the child), a copy of school enrollment packet showing you enrolled the child in school, with the school official's signature and school stamp or copy of Safety Plan issued by OKDHS.)**

_____ I understand that the School Clothing Assistance Program funds are to be used for purchasing **SCHOOL CLOTHING ONLY.**

- **Allowable Items:** shirts, sweaters, blouses, dresses, skirts, shorts, pants, undergarments(bra, panties, briefs, boxers), shoes, boots, socks, coat, winter gloves, scarves, and uniforms.
- **Non-Allowable Items:** groceries, make-up, jewelry, perfume, lotion, hair products and accessories, soaps, tobacco, alcohol, purses, gasoline, hats, ball caps, backpacks, lunch boxes, umbrellas, bandannas, robes, sleepwear, swimsuits, school supplies, costumes, sports gear, cell phones, cell phone minutes, ATM withdrawals, fast food, donations, membership fees.

_____ I am **aware** that my purchases **will be** monitored for compliance and **understand** Visa cards will **NOT** be replaced if lost or stolen.

MY SIGNATURE BELOW CONFIRMS THAT I HAVE READ, UNDERSTAND, & HAVE INCLUDED ALL DOCUMENTS LISTED ON THE CHECK OFF LIST

Applicant Signature: _____ Date: _____

YOU MAY **MAIL** YOUR APPLICATION TO: **CHEROKEE NATION FAMILY ASSISTANCE
ATT: SCHOOL CLOTHING PROGRAM
P.O. BOX 948
TAHLEQUAH, OK 74465**

OR DROP OFF at one of these office locations:

Tahlequah Tribal Complex
17675 S. Muskogee Ave.
Tahlequah, OK 74465

Stilwell Field Office
219 W. Oak
Stilwell, OK 74960

Sallisaw Field Office
307/309 N. Dogwood Ave.
Sallisaw, OK 74955

Nowata Food Distribution
1018 Lenape Dr.
Nowata, OK

Catoosa Field Office
750 S. Cherokee Suite
Catoosa, OK 74015

Pryor Field Office
219 NE 1st ST
Pryor, OK 74361

Jay Field Office
1600 1/2 N. Main
Jay, OK 74346



**Cherokee Nation Human Services
FAMILY ASSISTANCE DEPARTMENT
EXTENSION
Guidelines**

Confirmation: I understand the child(ren) is not eligible for services until application is complete & approved by clothing official.

Appeal Process: Should an applicant wish to appeal a denial on an application, the applicant must request a hearing **in writing** within **ten (10) days** upon receipt of the denial by U.S. Mail or hand delivery to one of the Cherokee Nation Family Assistance field offices or the Family Assistance Department located at the Tribal Complex in Tahlequah, Oklahoma. The hearing will take place after the clothing application process has been completed and a meeting will be scheduled. All hearings are conducted in the Family Assistance Department of the Cherokee Nation Human Services Group located at the Tribal Complex in Tahlequah, Oklahoma. The participants of the hearing will include:

- a. The person making the request or the person’s designee.
- b. The Clothing Assistance Manager or his/her designee.
- c. The Family Assistance Department Director or his/her designee.

The appeal process will include a review of the application. After all the facts are presented and reviewed, the Department Director shall make a decision. Reasons for the decision will be explained to all parties concerned. If the client is still dissatisfied with the decision, then they may appeal to the Executive Director of the Human Services Division, which makes the last and final decision.

Fraudulent Cases: Fraud refers to the deliberate falsification of facts, by words or action, or to concealing the facts in order to deceive and to gain financial or some other personal gain. If one is found to be committing fraud in the School Clothing Assistance Program, he or she could be ineligible for future services or the participant could be suspended up to three years.

All information obtained that is pertinent to services requested is subject to verification.

Privacy Statement: Family Assistance Department School Clothing Assistance Program will share the information with other Federal, State, Tribal Offices, schools, and/or programs, etc. who have some responsibility with this assistance that you are applying.

Lost or Stolen Cards: I understand that if the Visa cards that I receive are lost or stolen, they **CANNOT** be replaced.

Acknowledgement: I acknowledge that I have read the confirmation statement, appeal process, fraudulent cases, privacy statement, and lost or stolen cards.

Note: THIS APPLICATION IS CONSIDERED INCOMPLETE IF NOT SIGNED, FILLED OUT COMPLETELY OR IF ALL REQUESTED DOCUMENTS ARE NOT TURNED IN.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Applicant Printed Name _____

Applicant Signature _____ **Date** _____

Return Application to: **Any** Field Office Location
Or Mail to
CHEROKEE NATION FAMILY ASSISTANCE
ATT: SCHOOL CLOTHING ASSISTANCE PROGRAM
PO Box 948 Tahlequah, OK 74465
Telephone Number: **1-800-256-0671 ext. 3892, 5017, 5266**



**Cherokee Nation Human Services
FAMILY ASSISTANCE DEPARTMENT
EXTENSION
*Application***

PARENT/GUARDIAN MUST BE THE STUDENT'S LEGAL GUARDIAN WITH WHOM THE STUDENT PRIMARILY RESIDES

Applicant	Date Of Birth	Phone Number
Email Address		Message Number
Spouse	Date Of Birth	Phone Number
It is YOUR responsibility to contact our office A.S.A.P. if your address changes		
Mailing Address (Please include city, state, & zip)		Physical Address (Please Include city, state, & zip)
Applicant-Employed? Yes _____ No _____ Where? _____ How Long? _____ Please include most recent income tax returns		Spouse-Employed? Yes _____ No _____ Where? _____ How Long? _____ Please include most recent income tax returns

Household Members EXCLUDING Applicant and Spouse

ADDITIONAL SPACE ON BACK

Name	Date of Birth	Age	Grade	Name of School (If applicable)

By signing below, I confirm: **1)** The information that I provided is true & correct; **2)** I have read & understand the guidelines of the School Clothing Assistance Program; **3)** I understand that obtaining the Visa card(s) by false means or using the Visa card in a manner which it is not intended could result in ineligibility for future distributions, suspension of the program, & other actions up to arrest & prosecution; **4)** I hereby authorize tribal representatives to make any necessary investigation of my financial condition or other information regarding my eligibility. **5)** I also understand the child(ren) is not eligible for services until application is complete & approved by clothing official.

Applicant Printed Name _____

Applicant Signature _____ **Date** _____

*******FOR OFFICE USE ONLY*******

Income Calculation:	Contacted Client	
	Date/Time	Comments

APPROVED _____ **DENIED** _____ **REASON** _____ **INITIAL** _____

Household Members **EXCLUDING Parent/Guardian and Spouse**

Name	Date of Birth	Age	Grade	Name of School (If applicable)

*****FOR OFFICE USE ONLY*****

Additional Comments:
