Kialegee Tribal Town
P.O. Box 332
Wetumka, OK 74883
(405)452-3262

ARPA-ATTG Program Application

Applicant Information

Full Name: _____ Birth date: _____

           Last   First   M.I

Address: _____

          Street Address   Apt./Unit #

          City   State   Zip Code

Phone: _____ Email: _____

Parent/Guardian: _____ Contact #: _____

Are you an enrolled member?   Yes ☐   No ☐

Which Program(s) are you applying for? (Check all that apply)

Children and Youth Services   ☐

Social Services   ☐

Vocation Training and Educational Development ☐

==If you have previously applied for this program and have failed to submit the required receipts, you will be denied services until those receipts are submitted.==

Educational Information (If applicable)

Applicant is a (Check one):

Post-Secondary Student   ☐   Secondary Student   ☐
                                         (Elem., H.S.)

==Please Provide Document Verifying School Enrollment==

School Name: _____ Phone: _____

Address: _____

         Street Address   City   State   Zip

Need assistance with, (Check all that apply):

Clothing	☐	School Supplies	☐	School Activities	☐
Sports/Clubs	☐	Tuition/Books (for Post-Secondary)	☐	Graduation	☐

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Housing ☐   Completion Incentive ☐   Fuel Expense ☐
                 (for Post-secondary)   (for Post-secondary)

Other ☐

Explain: _____

_____

_____

_____

Social Services (if applicable)

Why assistance is needed (Check all that apply):

Funeral/Burial Assistance ☐   Name of deceased member: _____

Gas assist for Dr's Appt ☐   If checked, what location?: _____

Food/Grocery Assistance ☐   Utility- Gas (ONG, OG&E, CVEC ☐

Utility Assistance - Electric ☐   Rent ☐

Propane ☐

_____

_____

_____

Signature

- I acknowledge that I have read the ARP-ATTG guidelines for the program.
- I certify that my answers are true and complete to the best of my knowledge.
- I understand it could take up to two weeks for the processing of my application.
- I understand that I have 30 days from the receipt of funds to return all receipts. If I don't, I risk repayment of funds, or denial of future application(s).
- I understand, if possible, payments will be made directly to vendor(s).

Signature: _____ Date: _____

For Office Use Only – Do Not Write Below

Date Received : _____ Approval Date: _____

Denial Date: _____ Staff Signature: _____