



CHEROKEE NATION

P.O. Box 948
Tahlequah, OK 74465-0948
918-456-0671

DEPARTMENT OF TRANSPORTATION & INFRASTRUCTURE/YOUTH DEVELOPMENT 2021

Youth Activities Objective:

To provide low-income resident youth with activities to strengthen community citizenship, participation in Leadership development, participation in community projects and learning how Cherokees have survived and excelled through their knowledge about the culture, language, games, traditional ways of gathering, preparing and cooking of foods. These skills will help our Cherokee youth to sustain the traditional life ways for the future.

Do not leave blank spaces on your information sheet, unless you are a housing resident then you do not need to complete the Household Income section.

Participant Information Sheet may be returned by mail or in person. Please bring your completed information sheet to the youth activity in your community or mail your application to: Department of Transportation & Infrastructure/Youth Development, Cherokee Nation, P.O. Box 948 Tahlequah, OK 74465.

For more information please contact Pam Bakke at 453-5347 or cell phone (918) 207-6562.

A completed information sheet must meet the following guidelines:

1. Must be a citizen of a federally recognized Native American Tribe or be a resident of the Housing Authority of the Cherokee Nation.
2. Must reside within the Cherokee Nation reservation.
3. Must be age 5 – 18. Youth under 5 years old who attend activities must be accompanied by a parent or other adult who will supervise them and help them complete the project. Some activities may be too difficult for youth under 5.
4. Must meet residency guidelines* or NAHASDA income guidelines to be eligible to receive youth services.

& have the following documentation:

1. Copy of Applicant's Cherokee Nation Tribal Registration Card or tribal registration card from another federally recognized Native American Tribe.
2. Handicap/Disabled Form (if applicable, must be at least 50% or more).
3. Income verification if applicant does not meet Residency guidelines.

*** Residency Guidelines**

To qualify as a Resident for the Community Services Youth Development Youth Activities your household must currently meet 1 of the following criteria:

- Live in Housing Authority of the Cherokee Nation low-income housing.
- Receive Housing Authority of the Cherokee Nation rental assistance.
- Participate in the Title 6 Program.
- Participate in the Rural Rental Program.
- Receive Higher Education Rental Assistance from Cherokee Nation (individual students only).
- Participate in the Lease Purchase Program.
- Receive Mortgage Assistance from the Cherokee Nation and be in the useful life term (10 years).
- Be currently paying payments to the Housing Authority of the Cherokee Nation for a Mutual Help Home.
- Be in the Housing Mortgage Program and be in the useful life term (10 years).
- Have received Housing Rehabilitation from Cherokee Nation and be in the useful life term (10 years).
- Have received Self-Help Housing assistance and be in the useful life term (10 years).



PARTICIPANT INFORMATION SHEET FOR YOUTH ACTIVITIES 2021
CHEROKEE NATION COMMUNITY YOUTH DEVELOPMENT

Name of Youth Participant _____

Mailing Address _____

City, State, Zip Code _____

Two Phone Numbers _____

Emergency Numbers: Name _____ Relationship _____

Address _____

Phone Number _____

HOUSEHOLD COMPOSITION:

Full Name(s) of all Household Members Last, First, Middle	Relation to Head	Sex M/F	Date of Birth	Indian Y/N	List Tribe	Social Security Number **REQUIRED**
1.	Head					
2.	Spouse					
3.						
4.						
5.						
6.						
7.						
8.						

HOUSEHOLD INCOME:

NAME	EMPLOYER	HOW OFTEN PAID	AMOUNT OF INCOME
1.			
2.			
3.			
4.			

MEDICAL HISTORY: LIST ANY PHYSICAL CONSIDERATIONS:

EXAMPLE: ALLERGIES, ASTHMA, HEART PROBLEMS, PHYSICAL LIMITATIONS, ETC.

Please check the county you reside in:

Adair	Cherokee	Craig	Delaware	McIntosh	Mayes	Muskogee
Nowata	Ottawa	Rogers	Sequoyah	Tulsa	Wagoner	Washington

TYPES OF HOUSING SERVICES

(Check the type of housing services you are **currently** receiving)

- LOW INCOME RENTAL HOUSING (DIRECT HOUSING) PROGRAM _____
- HIGHER EDUCATION RENTAL ASSISTANCE (Individual students only) _____
- RENTAL ASSISTANCE _____
- RURAL RENTAL _____
- TITLE 6 _____
- LEASE PURCHASE _____
- MUTUAL HELP _____
- HOUSING MORTGAGE PROGRAM _____
- MORTGAGE ASSISTANCE PROGRAM _____

TYPES OF SERVICES RECEIVED THROUGH CHEROKEE NATION NAHASDA

(Check the type(s) of services you are currently receiving through CN programs OR have received in the past)

- HOUSING REHAB PROGRAM _____ Date Received services _____
- EMERGENCY ASSISTANCE PROGRAM _____ Date received services _____
- HOUSING ACCESSIBILITY PROGRAM _____ Date received services _____
- HOUSING IMPROVEMENT PROGRAM _____ Date received services _____
- SELF HELP _____ Date received services _____

- ASSISTANCE THROUGH HUMAN SERVICES _____ Date received services _____
- ASSISTANCE THROUGH CAREER SERVICES _____ Date received services _____
- ASSISTANCE THROUGH COMMUNITY SERVICES _____ Date received services _____
- ASSISTANCE THROUGH COMMERCE PROGRAMS _____ Date received services _____

PLEASE READ BEFORE SIGNING APPLICATION. IN ORDER TO RECEIVE SERVICES, YOU MUST QUALIFY BY MEETING ALL ELGIBILITY REQUIREMENTS AND PROGRAM FUNDING MUST BE AVAILABLE.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. to any matter within its jurisdiction.

APPLICANT CERTIFICATION

I/We certify that the answers/information given on this application in reference to household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties. This application will not be valid unless completely filled out.

Signature of Head of Household / Date

Signature of Spouse / Date

Signature of Youth Participant / Date

Cherokee Nation
Community Youth Development/Department of Transportation & Infrastructure
2021 Community Youth Activities and Community Service Projects
Parental Waiver

We, the undersigned parents and/or guardians of _____, A minor child, hereby release the Cherokee Nation, it's agents, employees, and representatives, from any liability or financial responsibility arising out of any injury sustained by my child while attending the Cherokee Nation sponsored activity or while riding in a Cherokee Nation vehicle.

We further agree to hold harmless and indemnify the Cherokee Nation, it's agents, employees, and representatives from any damages or liabilities brought in litigation by other persons or parties on behalf of participants, including, but not limited to, liability of illness, injury, or accident, lost, stolen, or damaged property, or other risks that are not specifically foreseeable which may occur during my child's participation in the Cherokee Nation's Community Youth Development/Department of Transportation & Infrastructure youth activities and community projects or while riding in a Cherokee Nation vehicle.

October 1, 2020 - September 30, 2021.

We have read and understand the above release.

(Parent's and/or Legal Guardian's Signature)

(Date)

(Cherokee Nation Representative's Signature)

Please Initial Below

_____ Photo/Media Release

I give Cherokee Nation Community Youth Development and persons acting for or through them, the right to use, reproduce, assign and/or distribute photographs, films, video tapes and/or sound recordings of myself &/or my child for use in material they may create for the purpose of promotion and/or training.

_____ Emergency Medical/Dental Consent

I understand that every effort will be made to contact me in case of an emergency; but in the event that I can not be reached I give permission for the Cherokee Nation Community Youth Development staff to have my child treated for any medical/dental emergencies that are necessary while attending the activities and community projects.

_____ Permission to Attend Activities and Community Projects

I have read the information about the Cherokee Nation Community Youth Development/Department of Transportation & Infrastructure youth activities and community projects and give permission for my child

_____ to attend activities and participate in community projects October 1, 2020 - September 30, 2021.