



**Participant Information Sheet for Resident Adult Services
October 2018 – September 2019
CHEROKEE NATION COMMUNITY SERVICES**

Adult Resident Participant Name

Phone Number

Mailing Address

Second Phone Number

City, State & Zip Code

Emergency Contact: 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
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. **Incomplete applications will be returned.**

Signature of Participant / Date

Staff Signature / Date

Cherokee Nation
Resident Adult Services/Community Services
2018-2019 Resident Adult Services and Community Service Projects
Waiver

I, _____, hereby release the Cherokee Nation, it's agents, employees, and representatives, from any liability or financial responsibility arising out of any injury sustained by myself 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 participation in the Cherokee Nation's Adult Resident Services/Community Services activities and community projects or while riding in a Cherokee Nation vehicle.

October 1, 2018 - September 30, 2019.

I have read and understand the above release.

(Participant's Signature)

(Date)

(Cherokee Nation Representative's Signature)

Please Initial Below

_____ Photo/Media Release

I give Cherokee Nation Adult Resident Services 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 for use in material they may create for the purpose of promotion and/or training.

_____ Emergency Medical/Dental Consent

In the event that I am unconscious or incoherent I understand that every effort will be made to contact my emergency contact in case of an emergency; but in the event that they can not be reached I give permission for the Cherokee Nation Resident Adult Activities staff to have me treated for any medical/dental emergencies that are necessary while attending the activities and community projects.