



HOPE PROGRAM

P.O. Box 167. Concho, OK 73022
Phone (405) 422-7580 1-800-247-4612
Fax (405) 422-8246

APPLICATION FOR ASSISTANCE

Applicant Name, Physical Address, City, State, Zip, Phone, Application Date, CDIB, SSN

All applicants must complete an interview with a caseworker before determination of assistance can be made. All assistance requires processing time. Applications are active for 10 business days. Determination of assistance is conducted on a case by case basis that includes documentation and assessment information. Documentation must be provided.

Briefly explain your crisis: Unexpected, unplanned or unforeseen incident

Blank lines for explaining the crisis

What type of assistance are you seeking today? (Please Check That All Apply)

- Food, Utility, Rent, Funeral, Transit Bus Pass, Medical ICU / Prescriptions

Check your current sources of income

- Employed, Rental Income, SSI-Disability, Scholarship/Grant, Retirement, IIM, Child Support, Other Source

- Weekly, Biweekly, Monthly

Are You a Veteran of the United States Military? Yes No

Current housing situation

- Homeless, Temp, Lease, Other, Rent, Own

Highest level of education

- High School, Did not graduate from high school, GED, Some college, Bachelor/Masters

List ALL individuals currently living in your household, regardless of tribal affiliation or ethnicity. Please list self.

Last, First Name	Date of Birth	Age	Relationship	C&A Tribal Member?
				<input type="checkbox"/> NO <input type="checkbox"/> YES Roll#
				<input type="checkbox"/> NO <input type="checkbox"/> YES Roll#
				<input type="checkbox"/> NO <input type="checkbox"/> YES Roll#
				<input type="checkbox"/> NO <input type="checkbox"/> YES Roll#
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				<input type="checkbox"/> NO <input type="checkbox"/> YES Roll#
				<input type="checkbox"/> NO <input type="checkbox"/> YES Roll#

I certify that information I have provided is true to the best of my knowledge. I understand this information will be used to determine my eligibility for assistance with the HOPE Program and my signature allows tribal programs to share my information to determine eligibility. If you request a stop payment on your services after the check has been issued and mailed out, you will be suspended from the HOPE program for one year of those services.

Tribal Member Signature

Date of Application

Code of Conduct Agreement

To ensure a cooperative, safe, and courteous environment, a Code of Conduct will be enforced by the Cheyenne and Arapaho HOPE Program. HOPE is focused on providing the client with caring and respectful service, making every attempt to avoid any physical or emotional damage to either clients or staff. Please adhere to the following standards.

- Any inappropriate use of language is disrespectful or will not be tolerated.
- Threatening/intimidating remarks about the staff to other clients are also disrespectful and will not be tolerated.
- Inappropriate behavior such as throwing objects, violent physical contact with others in the office, or raising a voice in anger or contempt will not be tolerated.
- The staff will use respectful and professional behaviors with a client and anticipate the same behavior from the client.

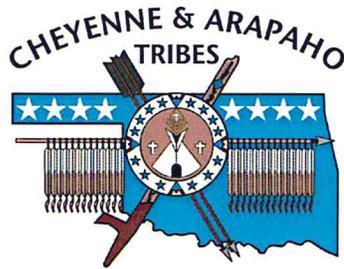
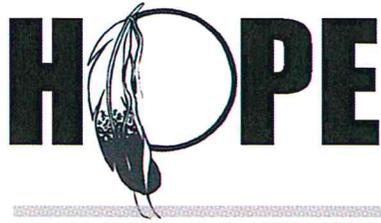
HOPE understands the difficulties of going through a crisis and will make every effort to make the application process go quickly and smoothly. Please exhibit patience and understanding with the extensive application process and be informed there are consequences for any inappropriate behavior.

I, _____, have read and understand the Code of Conduct of the Cheyenne and Arapaho Tribes HOPE Program. By signing this agreement, I agree to adhere to the Code of Conduct and understand that if I breach the terms of the agreement, I will be placed on immediate suspension from the HOPE Program until my suspension is lifted.

Applicant

Date

HELPING OUR PEOPLE EXCEL



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ACKNOWLEDGEMENT OF TWO TIME ASSISTANCE

***THIS STATEMENT MUST BE SIGNED, DATED AND RETURNED TO YOUR CASEWORKER OR YOUR APPLICATION WILL BE VOID. ***

DATE OF 1ST ASSISTANCE

DATE OF 2ND ASSISTANCE

FOOD

UTILITY

UTILITY DEPOSIT

RENTAL

RENTAL DEPOSIT

By signing this confirmation statement you acknowledge that you have been made aware that you have reached your maximum assistance and are not eligible for this service until

Client Signature

Date

Caseworker Signature

Date