COMMUNITY SERVICES YOUTH DEVELOPMENT

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 application, it will be returned back to you if it is not completed.

Participant Information Sheet may be returned by mail or in person. Please bring your completed application (pages 2 – 4) to the youth activity in your community or mail your application to Community Services/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 application must meet the following guidelines:
1. Must be a Cherokee Nation Tribal member or resident of the Housing Authority of the Cherokee Nation.
2. Must reside within the Cherokee Nation.
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, if you do not meet the residency guidelines you must provide income verification.

& have the following documentation:
1. Copy of Applicant’s CDIB card (white card) & Cherokee Nation Tribal Membership card (blue card).
2. Handicap/Disabled Form (if applicable, must be at least 50% or more).
3. Income verification if you do not meet the 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 Oct. 2018 - Sept. 2019
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:

<table>
<thead>
<tr>
<th>Full Name(s) of all Household Members Last, First, Middle</th>
<th>Relation to Head</th>
<th>Sex M/F</th>
<th>Date of Birth</th>
<th>Indian Y/N</th>
<th>List Tribe</th>
<th>Social Security Number <strong>REQUIRED</strong></th>
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HOUSEHOLD INCOME:

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<tr>
<th>NAME</th>
<th>EMPLOYER</th>
<th>HOW OFTEN PAID</th>
<th>AMOUNT OF INCOME</th>
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MEDICAL HISTORY: LIST ANY PHYSICAL CONSIDERATIONS:

EXAMPLE: ALLERGIES, ASTHMA, HEART PROBLEMS, PHYSICAL LIMITATIONS, ETC.
Please check the county you reside in:

<table>
<thead>
<tr>
<th>Adair</th>
<th>Cherokee</th>
<th>Craig</th>
<th>Delaware</th>
<th>McIntosh</th>
<th>Mayes</th>
<th>Muskogee</th>
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<tbody>
<tr>
<td>Nowata</td>
<td>Ottawa</td>
<td>Rogers</td>
<td>Sequoyah</td>
<td>Tulsa</td>
<td>Wagoner</td>
<td>Washington</td>
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**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
- EMERGENCY ASSISTANCE PROGRAM
- HOUSING ACCESSIBILITY PROGRAM
- HOUSING IMPROVEMENT PROGRAM
- SELF HELP
- ASSISTANCE THROUGH HUMAN SERVICES
- ASSISTANCE THROUGH CAREER SERVICES
- ASSISTANCE THROUGH COMMUNITY SERVICES
- ASSISTANCE THROUGH COMMERCE PROGRAMS

**PLEASE READ BEFORE SIGNING APPLICATION. IN ORDER TO RECEIVE SERVICES, YOU MUST QUALIFY BY MEETING ALL ELIGIBILITY 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 Head of Household / Date

Signature of Spouse / Date

Signature of Youth Participant / Date
Cherokee Nation
Community Youth Development/Community Services
2018-2019 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/Community Services youth activities and community projects or while riding in a Cherokee Nation vehicle.

October 1, 2018 – September 30, 2019.

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/Community Services youth activities and community projects and give permission for my child ______________________ to attend activities and participate in community projects October 1, 2018 – September 30, 2019.