*SENECA NATION ADVOCATE PROGRAM*

**Cattaraugus Office**

210 Thomas Indian Sch. Dr.-ext.

Irving, NY 14081

Ph. (716) 532-4900

Fax: (716) 532-8236

DATE:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**HEAD OF HOUSEHOLD INFORMATION:**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

MAILING

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # OF HOSEHOLD MEMBERS:\_\_\_\_\_\_\_ DISABLED: Y / N

ENROLLMENT (PLEASE INDICATE #: OF HOUSEHOLD MEMBERS):

A. ENROLLED SENECA:\_\_\_\_\_ B. ENROLLED OTHER:\_\_\_\_\_ C. NON-ENROLLED:\_\_\_\_

HOUSING (CIRCLE ONE)

A. RENT B. OWN C. HOMELESS D. OTHER

SOURCE OF INCOME (CHECK ALL THAT APPLY):

\_\_\_\_EMPLOYMENT \_\_\_\_SOCIAL SECURITY/SSI \_\_\_\_PENSION

\_\_\_\_UNEMPLOYMENT \_\_\_\_PA/FOODSTAMPS \_\_\_\_VETERAN BENEFITS

\_\_\_\_DISABILITY \_\_\_\_CHILD SUPPORT \_\_\_\_NO INCOME

\_\_\_\_CASH ON HAND

Additional Household Members: (Do Not List Self)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| FIRST | MI | LAST | M OR F | D.O.B. | AGE | DISABLED |
|  |  |  |  |  / / |  |  Y / N |
|  |  |  |  |  / / |  |  Y / N |
|  |  |  |  |  / / |  |  Y / N |
|  |  |  |  |  / / |  |  Y / N |
|  |  |  |  |  / / |  |  Y / N |
|  |  |  |  |  / / |  |  Y / N |
|  |  |  |  |  / / |  |  Y / N |

Provide a brief description of assistance needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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