

SENECA NATION DISABILITY SERVICES

Please assist us with this survey so that we may try to assist your child(ren) in need of the services that we provide within our program. Your assistance is vital to the program. If your child is disabled and has a disability according to the Social Security Administration, we would like to know so we can assess the needs of children age 0 to 18. We need this vital information to provide data for the administration to make a determination on coverage so we may be able to assist you. If you have more than one child please complete one survey per child. Nya:Weh for your time.

Age of the enrolled Seneca Child _____

Which territory do you reside? Allegany, Cattaraugus, Steamburg or Oils Springs? _____

What is your child's disability? _____

Is your child's disability considered temporary or permanent? _____

Does your child receive Social Security Disability or Survivor Benefits? _____

If not, are you in the interview or appeal process? _____

Does your child's needs require you to miss work or not work at all? (Please explain) _____

Does the family composition include one income or two? _____

How many different specialists or occupational/physical therapists does your child see regularly?

Does your child's disability require you to transport your child to doctor's appointments more than two times a month? _____

Does your child's disability require specialty equipment? (Please explain) _____

Does your health insurance assist with the equipment? _____

Do you have health insurance? _____

If so, do you pay out of pocket for coverage? _____ Monthly amount \$ _____

Please return this form to Riley Torres, call for pick up 716-532-4900 Ext 5152 or Mail to Seneca Nation Disability Services 12837 Rte. 438 Irving NY 14081 or Drop off at either Territory, Allegany 83 Wildwood Ave. (Mailbox outside the entrance) Cattaraugus 210 Thomas Indian School Drive (Supportive Services)