SENECA NATION ADVOCATE PROGRAM

Cattaraugus Office
210 Thomas Indian Sch. Dr.-ext.
Irving, NY 14081
Ph. (716) 532-4900
Fax: (716) 532-8236

Allegany Office
262 Broad St.
Salamanca, NY 14779
Ph. (716) 945-2655
Fax: (716) 945-0410

Buffalo Office
533 Amherst St.
Buffalo, NY 14207
Ph. (716) 951-7555
Fax: (716) 240-9566

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
____UNEMPLOYMENT
____DISABILITY
____CASH ON HAND
____SOCIAL SECURITY/SSI
____PA/FOODSTAMPS
____CHILD SUPPORT
____PENSION
____VETERAN BENEFITS
____NO INCOME

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:_____

_____

_____