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| **Human Services**  **Senior Expense Application** | | | | | | | | | |
| **A: Identifying Information** | | | | | | | | | |
| Applicant: (Student) | | | |  | | | | | |
| Gender: | | Female Male | | | | | | | |
| Date of Birth: | | |  | | | SSN: | |  | |
| Tribal Enrollment/Enrollment No: | | | | |  | | | | |
| Mailing Address: | | | |  | | | | | |
| Physical Address:  (if Different than Mailing) | | | |  | | | | | |
| Phone: |  | | | | | | | | |
| Email: |  | | | | | | Message: | |  |

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| **B: Household Information:** | | | | | | |
| Member of Household | DOB | | Gender | Relationship | Tribal No. | Contact No. |
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| **C: Legal Information:** | | | | | |
| Is there a court order? | Yes | No |  |  |  |
| Issuing Court |  | | | Date of Order: |  |
| Type of Order |  | | | | |

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| **D: Developmental/Medical/Behavior Health:** | | | | | |
| Any Evaluations: | Yes | No |  |  |  |
| Type of Evaluations: |  | | | | |

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| **E: Household Resources:** | | | |
| Resource | Amount | Resource | Amount |
| Wage/Salary: |  | Supplemental Security Income: |  |
| Alimony/Child Support: |  | TANF: |  |
| Income Tax Refund: |  | Food Stamps: |  |
| Insurance Settlement: |  | Commodities: |  |
| Bank Accounts: |  | Foster Care Payments: |  |
| Lottery/Gaming Income: |  | Social Security/Survivor/ Disability Benefits: |  |
| Retirement/Pensions: |  | Workers Compensation Benefits: |  |
| Tribal Per Capita’s: |  | Bank Accounts/Type: |  |
| Home Health Care: |  | Bank Accounts/Type: |  |
| Medicaid/Medicare: |  | Other: |  |
| Grand Total: | | |  |

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| **F: Household Expense** | | | |
| Expense | Amount | Expense | Amount |
| Rent/Mortgage: |  | Child Support: |  |
| Utilities-Electricity: |  | Insurance- Health: |  |
| Healing-Propane/Fuel Oil: |  | Insurance- Auto: |  |
| Groceries: |  | Communications: |  |
| Water-Sewer: |  | Loan-Auto: |  |
| Garbage Services: |  | Loan- : |  |
| Medications: |  | Transportation: |  |
| Household Supplies: |  | Other: |  |
| Personal Supplies: |  | Other: |  |
| Grand Total: | | |  |

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| **G: Collateral Contacts:** | | | |
| Guardian: |  | Legal: |  |
| Medical Provider: |  | Other: |  |
| School: |  | Other: |  |

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| **Attachments Documents:** |
| Court Order  Graduation Letter from Principle or Vice Principle  Copy of Social Security Card  Copy of Enrollment Verification  Copy of Birth Certificate  Resource/Expense Documents  Change of Address Forms  Itemized List  Estimates of (pictures, Cap/Gown orders, etc.)  Other: |