

Iowa Nation ICW  
4335588 E 750 RD Perkins, OK 74059  
Phone: 405-780-0506 Fax:405-939-5006

PSSF Program Eligibility Determination

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tribal Member: Yes \_\_\_\_\_ No \_\_\_\_\_ Do you receive any state assistance? \_\_\_\_\_

HOUSEHOLD COMPENSATION:

Name	Relationship	Sex	Age	S/M/D/W	Grade/Employment
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reason needing assistance: \_\_\_\_\_  
Is there currently an open investigation case with DHS or any tribal ICW involving yourself or Your children? \_\_\_\_\_

If yes, what are the allegations involving the investigation: \_\_\_\_\_

Name of worker: \_\_\_\_\_ Phone number: \_\_\_\_\_  
If children are already out of the home, is there a plan in place for reunification of the family? Is there a projected date? \_\_\_\_\_

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Office use only

Does the request fit the criteria as out lined in Title IV B Part 2 for services? Yes \_\_\_ No\_\_\_  
Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral made to another department or agency: Yes\_\_\_ No\_\_\_  
Where: \_\_\_\_\_

Worker \_\_\_\_\_ Date \_\_\_\_\_