



**the  
Chickasaw Nation  
Division of Education  
Vocational Rehabilitation Department**

300 Rosedale Road / Ada, OK 74820 / (580) 436-0553 / Fax: (580) 436-0830 / TDD: (580) 310-9634

**Bill Anoatubby  
Governor**

**Special Needs Assistance for  
Chickasaw Citizens with Disabilities**

By completing this application, the Chickasaw citizen whose signature appears below makes application for the *Special Needs Assistance for Chickasaw Citizens with Disabilities* program provided by the Chickasaw Nation. The program is available to Chickasaw citizens with a documented mental or physical disability. The program provides up to \$500 per year on a **reimbursement basis** for fees incurred to participate in recreational activities such as *Special Olympics* or other recreational activities they choose. Applicable expenses include disability-related assistive technology needed in order for the Chickasaw citizen with a disability to be able to participate in a recreational activity or expenses incurred to participate in a recreational activity. The Chickasaw citizen or his/her parent/legal guardian shall be responsible for mailing the completed application and required documents to the Chickasaw Nation Vocational Rehabilitation Department. **Along with the completed application, the Chickasaw citizen or parent/legal guardian must submit a copy of the Chickasaw citizen's Chickasaw Nation certificate or citizenship card, a copy of the Chickasaw citizen's current Individualized Educational Plan (IEP) or documentation of disability from a physician and receipts for assistive technology or expenses paid to participate in the recreational activities.**

(Please type or print clearly in ink)

Name of Chickasaw citizen (first, middle initial, last):	Name of school or physician verifying disability:
Parent/legal guardian's name (if applicable) (first, middle initial, last):	School or physician contact (if applicable):
Chickasaw citizen's address – street, city, state and zip code:	Address of school or physician:
Chickasaw citizen's phone:	School or physician's phone:
Chickasaw citizen's e-mail:	School or physician's e-mail:

What are the name and dates of the recreational activity? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did this recreational activity help the Chickasaw citizen's overall quality of life? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you received assistance through this program in the past?  Yes  No If yes, please list dates and amounts of assistance received previously. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Chickasaw citizen's signature:	Date:
Parent/legal guardian's signature:	Date:

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**NOTICE:** All awards will be mailed by certified mail to the address provided on this form. The Chickasaw Nation Vocational Rehabilitation Department cannot replace lost or stolen checks once delivery has been made to the address listed above. We recommend that students use their permanent address rather than a campus address.

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For Vocational Rehabilitation Use Only		
1 Award amount:	2. Date completed:	3. Approval - authorized vocational rehabilitation staff:

The Chickasaw Nation Vocational Rehabilitation Department and the applicant agree to strictly maintain the confidentiality of all information disclosed hereunder, or any amendments thereto. The parties agree that the information contained in said application shall be considered "Confidential Information" and shall not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law.