##

# Kno’Qoti Native Wellness, Inc.

# SUPPORTIVE SERVICES REQUEST FORM

|  |
| --- |
| (Please Print) |
| APPLICANT INFORMATION |
| Applicant’s last name: | First: | Middle: | [ ]  Mr. [ ]  Mrs.[ ]  Miss [ ]  Ms. |
|       |       |       |
| Is this your legal name? | If not, what is your legal name? | Birth date: | Age: | Sex: |
| [ ]  Yes | [ ]  No |       |       |       | [ ]  M | [ ]  F |
| Street address: | Last Four Digits of SS#: | Phone number: |
|       |       |       |
| P.O. Box: | City: | State: | ZIP Code: |
|       |       |       |       |
| Are you employed? | Tribal Affiliation:      |
| [ ]  Yes [ ]  No [ ]  Student |
|  |
| request INFORMATION |
| Tell us what type of supportive services you are questing:      |
| Please explain why you are requesting this supportive service:      |

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| --- |
| **PAYMENT INFORMATION** |
| Who is payment to be made to? | [ ]  Self | [ ]  Vendor | [ ]  Online Payment |  |
| Payment made to:      | Payment Amount: | Account #: |
|       |       |
| Address:      | City:      | State and Zip Code:      |
|  |
| HOUSEHOLD INFORMATION |
| Name: | Age: | Name:  | Age: |
| 1.       |       | 2.       |       |
| 3.       |       | 4.       |       |
| 5.       |       | 6.       |       |
| By my signature below, I certify the information I provided on and in connection with this application is true, accurate and complete to the best of my knowledge. I also understand that any false statements or deliberate omissions on this application or any other document I have filed with Kno’Qoti Native Wellness, Inc. may disqualify me from receiving support or participating in programs in the future.  |
|  |  |  |       |  |
|  | Applicants signature |  | Date |  |
|  | Kno’Qoti Native Wellness, Inc. Official Signature |  | Date |  |