## 

# 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: | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | |  |