

**2023**  
Quapaw Nation  
Social Services Department  
Program Guidelines

**Effective**  
January 1, 2023  
December 31, 2023



Quapaw Nation

P.O. Box 765  
Quapaw, OK 74363

1-888-642-4724

[socialservices@quapawnation.com](mailto:socialservices@quapawnation.com)

# Social Services

Monday – Thursdays: 8 am to 5 pm

Friday: 8 am – 4 pm

We honor most federal and tribal holidays.

These guidelines are set forth by the Social Services Department and approved by the Business Committee.

This funding cycle runs from **January 1, 2023, to December 31<sup>st</sup>, 2023.**

The Social Services Department follows a first come first serve basis. All services will be offered as long as funding is still available. Each Quapaw Nation member can expect to be treated with respect and care. Quapaw Nation members are expected to treat the Quapaw Nation staff in the same manner. Inappropriate behavior will not be tolerated, and corrective action will be taken.

All forms are available on the website at [www.quapawnation.com](http://www.quapawnation.com).

In this packet, you will find information on what programs are available and how to apply for assistance. After reading all information in this packet, you can apply for services correctly.

This department was formed to assist Quapaw Nation members with:

- Utility Assistance
- Veteran's Assistance
- Burial & End of Life Assistance
- Unmet Needs (Birth- Pre-K)
- School Clothing (K-12<sup>th</sup> Grade)

Any questions can be directed to the social services department at:

Email: [socialservices@quapawnation.com](mailto:socialservices@quapawnation.com)

Phone: 1-888-642-4724 or 918-542-1853

Mail: Quapaw Nation

Attention: Social Services Department

P.O. Box 765

Quapaw, OK 74363

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Quapaw Nation  
Burial (\$3,000) Assistance  
End of Life (\$10,000) Assistance

Please contact the Quapaw Nation Social Services Department as soon as possible after a tribal member's passing. We notify the B.C. and the Maintenance Department so they can lower the flags at half-mast for your deceased loved one. Burial benefits must be applied for within 12 months from the date of death.

If the death occurs on the weekend, the family beneficiary will need to contact the **Executive Director of Tribal Member Services** or Director of Social Services. This is to delegate whom they want to permit to purchase food with their Burial funding and get the process moving outside office hours.

This service will be paid DIRECTLY to the funeral vendor and does not reimburse any individual.

This program DOES NOT reimburse for food that is purchased by individuals. All food must be purchased on a tribal card dispersed by the SS Department as we must process the receipts through the burial assistance program.

The delegated purchaser will need a Valid ID so we may sign out a card for them. They will need to turn in receipts before another card can be issued. These cards are to be used for: **food & tobacco for services only. You can also use this funding for (1) Pendleton blanket.** You can NOT purchase alcohol! No exceptions!

In the unfortunate event, of an infant's death, please contact the Quapaw Nation Social Services Department for guidance.

The following items are required upon the death of an enrolled Quapaw Nation member:

- **Completed application** (signed and dated by Beneficiary, the next of kin, or legal administrator, documentation is required)
- **Original bill** from the funeral home (including the facility's address and phone number.)
- **ORIGINAL, certified death certificate.**
- **Completed W-9** from Funeral Home
- **Consent form** if you would like an article printed in the Quapaw Post

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**2023  
Quapaw Nation  
Burial / E.O.L. Assistance Application**

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Deceased Quapaw Nation Member)

RELATIONSHIP TO QUAPAW NATION MEMBER \_\_\_\_\_ PHONE \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
(CITY) (STATE) (ZIP)

**FOR OFFICE USE ONLY**

<b>Burial Assistance</b> All Quapaw Nation Members \$3,000.00	Quapaw Nation Member	Roll #	Amount
***** <b>End of Life</b> Up to \$10,000.00	End of Life	Name of Beneficiary	Amount

DATE RECEIVED	ACTION	BALANCE

**Checklist**

*Completed Application ----Original Certified Death Certificate ---- Original Bill from Funeral home ---  
Beneficiary Form ----W-9 Form--- Application must be signed and dated by next of kin or legal administrator  
(documentation required)*

\_\_\_\_\_  
(Quapaw Nation Member's next of Kin / Legal Representative)

\_\_\_\_\_  
(Date)

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Quapaw Nation & Quapaw Post

**Consent Form**

I, \_\_\_\_\_, (legal representative / next of kin) do hereby grant permission to the Quapaw Nation / Quapaw Post to utilize any information or photographs provided for the purpose of an obituary.

Name of Deceased: \_\_\_\_\_

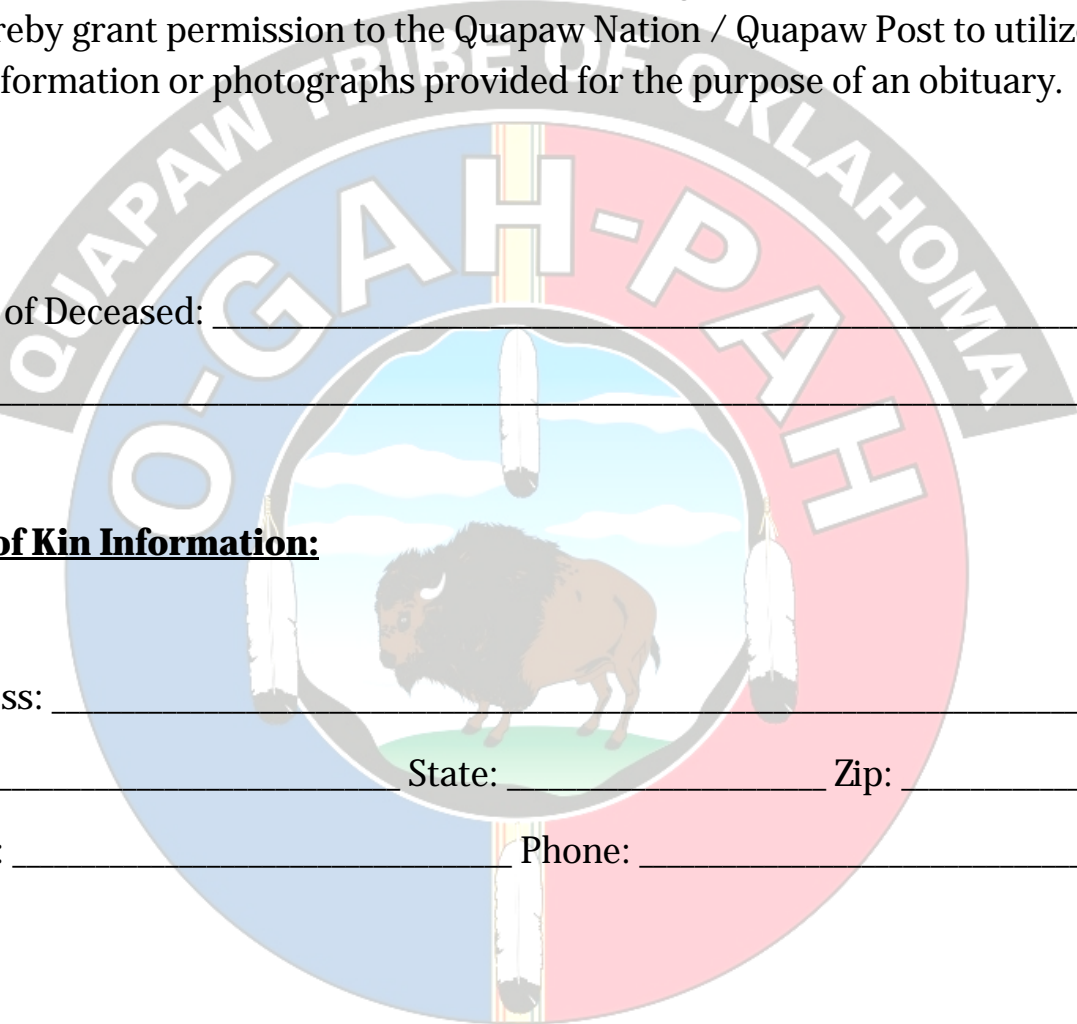
Roll# \_\_\_\_\_

**Next of Kin Information:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_



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Signature \_\_\_\_\_ Date \_\_\_\_\_  
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**2023  
Quapaw Nation  
Veteran's Assistance**

**Name:** \_\_\_\_\_ **Roll#** \_\_\_\_\_

**SS#** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Please note that we have changed this process, it is no longer quarterly. You now apply only one (1) time per year anytime between January and December. The annual amount is **\$1000.00**.

**(OFFICE USE ONLY)**

<i>QN Member</i>	<i>Roll #</i>	<i>Service</i>
<i>Action</i>	<i>Amount</i>	<i>Balance</i>

This service is to help our Veterans (active or inactive). Please submit a legible copy of your DD214 or Active Enlistment form if you are a first-time applicant. An Active military ID, Retired Military ID, or a DD214 reflecting an Honorable discharge must be submitted. If your DD214 reflects a **DISHONORABLE** discharge; you are **NOT ELIGIBLE** to receive Veteran's assistance.

\_\_\_\_\_  
Quapaw Nation Veteran's Signature

\_\_\_\_\_  
Date Signed

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AFFIDAVIT  
(Military Deployment)

The Quapaw Nation considers the age of 18 as an adult, therefore requiring each adult tribal member to sign their own Social Services Application. I am over the age of 18 and wish to appoint the undersigned as an authorized party regarding Quapaw Nation assistance programs.

I, \_\_\_\_\_ hereby give the undersigned person permission to inquire about my benefits and to fill out my applications.  
*I hereby understand that this form is valid until revoked.*

\_\_\_\_\_  
Signature of Tribal member

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please print the name of the tribal member)

\_\_\_\_\_  
Signature of authorized person

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please print the name of the authorized person)

***Place Notary stamp here:***

**2023  
Quapaw Nation  
School-Aged (K-12)  
Assistance**

This program is once per calendar year and is set forth to assist with the cost of school, clothing, etc., that come along with children.

The amount for each enrolled Quapaw child is:

Kindergarten – 5<sup>th</sup> Grade : \$250.00  
6<sup>th</sup> Grade – 8<sup>th</sup> Grade: \$300.00  
9<sup>th</sup> – 12<sup>th</sup> Grade: \$350.00

Only the QUAPAW TRIBAL PARENT, CUSTODIAL PARENT, or LEGAL GUARDIAN is responsible for completing and signing this application for each enrolled Quapaw Nation child to be eligible for school funding.

If a minor child is living with a non-member parent or legal guardian legal documentation stating the placement of said minor child is required at the beginning of each funding cycle to be eligible to use services.

All legal documentation must come from the courts and have a court seal/stamp with the case number and date on the document. If a court-stamped document is not available, other official documentation will be reviewed by the social services committee on a case-by-case basis.

If children are attending school **AWAY** from legal guardians or parents, then the boarding school will need to complete the application to receive school funding. The school **must** provide the social services department with **receipts** for items purchased.

*If your child is being homeschooled, we will accept any of the following:*

- A) The withdrawal form showing where you took your children out of public schools,*
- B) The receipts where the curriculum was purchased*
- C) A letter of enrollment verification (for online, homeschooled students ie- Epic Charter Schools)*

This application will need to be signed, dated, and stamped for verification purposes. If the school does not have a stamp, a letter of Enrollment Verification may be requested from the school instead. This must include student information and grade. Omission of this will result in ineligibility for this child.

If the application is incomplete, it will be sent back to you and will not be considered until all information is complete. Applications for each child can be mailed, hand-delivered, or submitted via email.

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**2023**  
**Quapaw Nation**  
**School-Age (K-12) Assistance Application**  
**P.O. BOX 765 QUAPAW, OK 74363**

<b>Custodial Parent's Name:</b>	<b>Roll #</b>
<b>Email:</b>	
<b>Phone Number:</b>	
<b>Current Address:</b>	<b>Mailing Address:</b>
<b>City:</b>	<b>State                      Zip</b>
<b>STUDENT INFORMATION</b>	
<b>Quapaw Nation child' full name:</b>	<b>Social Security Number</b> -----/-----/-----
<b>Child's Roll #</b>	<b>Grade in School</b>
<b>OFFICE USE ONLY: K-5: \$250</b>	<b>6-8: \$300                      9-12: \$350</b>
<p style="text-align: center; font-size: small;">The Quapaw Nation Social Services Department has a program that helps our Quapaw children with school clothing or supplies. According to our guidelines, we need a signature from a school official to verify the enrollment of the child named above for each child to be eligible for this program. Any questions can be directed to the Social Services Department at 1-888-642-4724 Monday – Thursday 8-5 &amp; Friday 8-4</p>	
<b>School Official's Signature:</b>	<b>Date:</b>
<b>Please place the school stamp over the name for verification purpose: Omission of this stamp will result in ineligibility for this child )</b>	
School Official's Job Title:	Phone #                      School Attending
<p style="text-align: center; font-size: small;">As the Quapaw Nation parent or legal guardian of the above child/children, I verify that all the information is true to the best of my knowledge. If any information is knowingly falsified on this application or any information about the eligibility of my child/children then we will be denied services for one (1) year as decided by the Quapaw Nation Social Services Department.</p>	
<b>x</b> _____	<b>Date:</b> _____
<b>Quapaw Nation parent/legal guardian's signature</b>	
<i>Any incomplete applications will be returned to you and will not be considered for processing.</i>	
<b>ALL CHECKS WILL BE MAILED</b> <b>WE NO LONGER ALLOW YOU TO PICK THEM UP</b>	

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2023  
UNMET NEEDS  
BIRTH- KINDERGARTEN \$200.00

ALL CHECKS WILL BE MAILED  
WE WILL NO LONGER ALLOW YOU TO PICK THEM UP

This service is to be used for unmet children s needs and can only be utilized once per calendar year. Either Unmet Needs or School-Age Assistance can be used, but NOT in one calendar year.

Only the Quapaw Tribal parent, Custodial parent, or legal guardian is responsible for completing and signing this application for each enrolled Quapaw child to be eligible for funding. Anyone other than the tribal parent applying must submit legal documentation at the beginning of each year.

All legal documentation must come from the courts and have a court seal/stamp with the case number and date on the document. If a court-stamped document is not available other official documentation will be reviewed by the social services department on a case-by-case basis.

If the application is incomplete, it will be sent back to you and will not be considered until all information is complete.

Applications for each child can be submitted to:

[socialservices@quapawnation.com](mailto:socialservices@quapawnation.com)

Quapaw Nation

Attention: Social Services Department

P.O. Box 765

Quapaw, OK 74363

Phone: 918-542-1853

888-642-4724

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**2023  
Unmet Needs Application**

P.O. Box 765  
**Kindergarten**  
Quapaw, Ok 74363  
**Phone:** 918-542-1853

**For Birth to Under**

**Email:** socialservices@quapawnation.com

<b>Custodial Parent's Name:</b>		
<b>Parents Roll #</b> (if applicable):		
<b>Phone #:</b>		
<b>Email:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State</b>	<b>Zip</b>
<b>QUAPAW NATION MEMBER INFORMATION</b>		
<p>The Quapaw Nation Social Services Department has a program that helps our Quapaw children with unmet needs. According to our guidelines, we MUST have legal documentation stating the placement of each child to be eligible if living with a nonmember parent or legal guardian.</p>		
<b>Quapaw Nation child's full name:</b>		<b>Social Security Number</b>  -----/-----/-----
<b>Roll #</b>	<b>Current Age:</b>	
<p>As the QUAPAW NATION parent or legal guardian of the above child. I verify that all the information is true to the best of my knowledge. If any information is knowingly falsified on this application or any information about the eligibility of my child, then we will be denied services for one (1) year as decided by the Quapaw Nation Social Services Department.</p>		
<p>_____ <b>Quapaw Nation Parent/ Legal guardian's signature</b></p>		<p>_____ <b>Date</b></p>
<p>Any incomplete applications will be returned to you and will not be considered for processing.</p>		

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ALL CHECKS WILL BE MAILED  
WE WILL NO LONGER ALLOW YOU TO PICK THEM UP

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## Utilities: General Info

- If you do call to inquire about your balance it is VERY IMPORTANT to **have your ROLL NUMBER ready** when you call.
- All claims must be submitted within this funding cycle. **All dates of service must be on or after January 1, 2023.** The end of the **year is the last day in December** at the close of business. Any claims submitted after this date regardless of the date of service will be returned to you and will be your responsibility.
- You must be an enrolled member of the Quapaw Nation or the legal guardian of an enrolled Quapaw child to be eligible to apply for and receive services.
- If enrolled after their first birthday, members will not be eligible for services until 12 months from the date on which they were enrolled with the Quapaw Nation.
- **Please allow at least 30 days for your claim to be processed.** Be it known that calling either the Social Services Department or Accounting Staff inquiring as to the status of your claim before the 30 days creates a setback and delays the processing of your check.
- Each Quapaw Nation member must have a **notarized affidavit** on file for any person other than the Quapaw Nation Member (or a parent/legal guardian of a minor) to get information or sign for services. This form can be found on the website or in the tribal administration office.
- On all applications, please fill out all information. Phone numbers/emails are required so if we have questions about the application, we can reach you to process your application quickly. Any incomplete applications will be returned to you for completion and not considered for payment until it is received back in our office.
- Bills that are sent in must be the complete bill and have all information on them, including date of service, vendor's name, address, phone number, Quapaw Nation member's name, account number, and amount paid or due. We cannot process from just the pay stub or portion of a bill.
- You may find all this information along with information about other programs on our website at: [www.quapawnation.com](http://www.quapawnation.com)

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- X **Penalties.** In the event the Quapaw Nation Social Services Department (QNSSD) and/or the Business Committee determines that benefits or services under this program have been obtained or used improperly or fraudulently, the QNSSD may penalize the applicant or recipient, or other party involved, accordingly, including but not limited to by issuing a warning and/or by denying services or benefits hereunder, including for a specific period, and/or by requiring the reimbursement of sums improperly paid or received and/or by seeking civil penalties, including but not limited to obtaining damages for the monies or value of services improperly paid or received, with interest, and/or by pursuing criminal penalties.
  
- X **Actions relating to Benefits and Services; Hearings.** In the event the Quapaw Nation Social Services Department determines that benefits or services under this program have been obtained or used improperly or fraudulently, or in the event the QNSSD determines that benefits or services hereunder should be discontinued or reduced, a notice of such a finding shall be provided to the affected recipient, and such recipient shall be afforded a reasonable opportunity to respond to the QNSSD findings. Under usual circumstances, a recipient will be allowed at least ten (10) business days advance notice to respond before the QNSSD makes a final determination on action to be taken. At its sole discretion, and based upon the circumstances, the QNSSD may schedule a hearing, at which the affected recipient may appear and present a response and evidence, or the QNSSD may make a final determination based upon the submission of a written response by the affected recipient. The QNSSD shall make a written decision on the matter setting forth the factual and legal basis for the decision and setting forth the penalty, if any, to be imposed. The QNSSD final decision shall be served on the applicant or recipient.
  
- X Appeal. In the event an applicant feels they have been denied services unfairly, they must appeal in writing to the Quapaw Nation Social Services Department within thirty (30) days after the written decision of the QNSSD is received by the applicant or recipient of benefits or services. All appeal decisions made by the **Executive Director of Tribal Member Services** will be final.

**This does not apply if the annual funds have been depleted.**

## Utility Assistance 2023

This service is limited to the Head of Household. The Head of household is defined as the person who applies for assistance. If there is more than one Quapaw in the household, then the rest of the Quapaw Nation members will NOT BE ELIGIBLE.

This service is for current incurred costs on active accounts. Inactive accounts will not be paid. Please submit your utility bills monthly. This service is PAY TO VENDOR ONLY for the Head of Household's primary residence. NO reimbursements.

We do not pay late fees or reconnect fees. We do not pay cell/phone, cable, or internet bills. Utilities we can assist with include Electric, Sewer/Sanitation, Water, Natural Gas/Propane, and Utility Deposits IN THE TRIBAL MEMBER'S NAME.

### **Please Submit What Applies:**

#### **If Bills Are in The Tribal Member's Name**

- Completed Utility Application
- Full Utility Billing Statement

#### **If the Bills Are in Your Spouse's Name**

- Completed Utility Application
- Full Utility Billing Statement
- Completed Spouse Form
- Copy of Marriage License, if last names are different
- Copy of Tribal Members State ID, matching utility service address

#### **If the Bills Are in Your Roommate, Landlord, or Domestic Partner's Name**

- Completed Utility Application
- Full Utility Billing Statement
- Completed LLRM Form
- Copy of Notarized Lease or a Notarized Written Statement
- Copy of Tribal Members State ID, matching utility service address

#### **If the Bills Are in the Custodial Parent/Guardian's Name**

- Completed Utility Application
- Full Utility Billing Statement
- Completed Non-Tribal Custodial Parent Form
- Court-Stamped Legal Documentation
- Copy of the parent/guardian's State ID, matching utility service address

#### **If Utilities are Included in Your Rent**

- Completed Utility Application
- Completed LLRM Form
- Copy of Notarized Lease
- Copy of Tribal Members State ID, matching utility service address
- To receive utility assistance, you must apply each month

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**2023**  
**Utility Assistance Application**  
 (January 1, 2023, to December 31, 2023)

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (AKA Parent or Guardian)

**Email:** \_\_\_\_\_

Roll# \_\_\_\_\_ Phone# \_\_\_\_\_ SS# \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing address: \_\_\_\_\_

		City	State	Zip
<i>(Office use only)</i>		<b>Quapaw Nation Member</b>	<b>Roll Number</b>	<b>Amount</b>
<b><i>Date Received</i></b>	Utility Assistance			
<b><i>Action</i></b>	<b>64 &amp; Under</b> \$1400.00			
<b><i>Balance</i></b>				

		City	State	Zip
		<b>Quapaw Nation Member</b>	<b>Roll Number</b>	<b>Amount</b>
<b><i>Date Received</i></b>	Utility Assistance			
<b><i>Action</i></b>	<b>65 &amp; Over</b> \$1700.00 (Must be 65 by January 1 <sup>st</sup> )			
<b><i>Balance</i></b>				

Applications may be mailed, hand-delivered, or emailed: [socialservices@quapawnation.com](mailto:socialservices@quapawnation.com). If you don't have enough funding to pay your entire utility bill, **please do NOT send a check to the Tribal office for the balance due.** Please send it to your Utility Vendor.

\_\_\_\_\_  
 Quapaw Nation Member/Parent/Guardian's Signature

\_\_\_\_\_  
 Date

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**2023**  
**Landlord / Roommate Form**

(This form must be signed by the Landlord/Roommate)

Name of Tribal member: \_\_\_\_\_ ROLL# \_\_\_\_\_

Name of Landlord or Roommate: \_\_\_\_\_

Relationship to Quapaw Nation member: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

**ID Issue Date:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

Are utilities included in the rent? Yes or No

If yes, please explain the breakdown:

Please list the name and address of where payments will need to be sent if utilities are included in the rent.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*By signing this form, I declare that the information above is true, and I understand any false information is grounds for penalty by law.*

**LANDLORD OR ROOMMATE'S SIGNATURE**

**CONTACT PHONE NUMBER**

**Please submit this information to:**

[socialservices@quapawnation.com](mailto:socialservices@quapawnation.com)

Quapaw Nation

Attention: Social Services Department

P.O. Box 765

Quapaw, OK 74363

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**2023**

**Non-Tribal Custodial Parent Form**

(This form must be completed by the custodial parent/guardian)

Name of Tribal Member: \_\_\_\_\_ ROLL # \_\_\_\_\_

Name of Custodial Parent/Guardian \_\_\_\_\_

Name of person on bill(for utilities): \_\_\_\_\_

Relationship to tribal member: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

**ID Issue Date: \_\_\_\_\_ Expires: \_\_\_\_\_**

The custodial parent must provide a copy of your Valid State Issued Photo ID, matching the utility service address to verify proof of residency. This form needs to be updated at the beginning of each funding cycle.

Custodial parents must also provide the Social Services department with a copy of their legal documentation showing the nontribal parent or guardian has custody of the minor child.

*By signing this form, I declare that the information above is true, and I understand any false information is grounds for penalty by law.*

---

(Custodial Parent's Signature)

(Contact Phone Number)

**Please submit this information to:**

[socialservices@quapawnation.com](mailto:socialservices@quapawnation.com)

Quapaw Nation

Attention: Social Services Department

P.O. Box 765

Quapaw, OK 74363

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**2023**

**Spouse Form**

(This form must be signed by the spouse)

Name of Tribal Member: \_\_\_\_\_ ROLL # \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ -

**ID Issue Date:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

*By signing this form, I declare that the information above is true and correct. I understand any false information is grounds for penalty by law.*

\_\_\_\_\_  
(Spouse's Signature) (Contact Phone Number)

**Please submit this information to:**

[socialservices@quapawnation.com](mailto:socialservices@quapawnation.com)

Quapaw Nation  
Attention: Social Services Department  
P.O. Box 765  
Quapaw, OK 74363

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**Quapaw Nation  
AFFIDAVIT**

The Quapaw Nation considers the age of 18 as an adult, therefore requiring each adult tribal member to sign for their own Social Services Application. I am over the age of 18 and wish to appoint the undersigned as an authorized party regarding the Quapaw Nation Social Services program.

I, \_\_\_\_\_ hereby give the undersigned person permission to inquire about my benefits and to fill out my Social Services application for. I hereby understand that this form is valid until revoked by the tribal member.

\_\_\_\_\_  
Signature of authorized person

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please PRINT the name of the authorized person)

\_\_\_\_\_  
Signature of Tribal Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please PRINT the name of the Tribal Member)

***Place Notary stamp here:***

**Quapaw Nation  
Change of Address  
Request Form**

**THIS CHANGES AN ADDRESS IN SOCIAL SERVICES, TAGS, & ENROLLMENT**

---

<b>First</b>	<b>Middle</b>	<b>Last</b>
--------------	---------------	-------------

List any previous names: \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **Roll#** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_ **D.O.B.:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **LIST OTHER TRIBAL MEMBERS IN HOUSEHOLD:**

Roll # \_\_\_\_\_ Name \_\_\_\_\_

Roll # \_\_\_\_\_ Name \_\_\_\_\_

Roll # \_\_\_\_\_ Name \_\_\_\_\_

Roll # \_\_\_\_\_ Name \_\_\_\_\_

- Please include me on the list for the tribal newsletter

---

**Signature**

**Date**