



# Bad River Social and Family Services

## OUR MISSION STATEMENT

To provide services, referrals, and program support that promote self-sufficiency, family unity through our cultural teachings, economic stability, and wellbeing to eligible families in our service area.

## APPLICATION FOR SERVICES

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Physical Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

\_\_\_\_\_  
*Mailing Address, if different*

\_\_\_\_\_  
*City* *State* *ZIP Code*

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Phone: \_\_\_\_\_ Type:  Home  Cellular  Work

Message:  Yes  No Email: \_\_\_\_\_

Preferred method of communication:  Phone  Text  Email  Mail

Are you a tribal member?  Yes  No Tribal ID: \_\_\_\_\_

Do you participate in any tribal programming?  Yes  No

If yes, list program(s): \_\_\_\_\_

What is your living arrangement:  
 Head of Household  Homeless  Living with another individual  
 Other, please explain: \_\_\_\_\_



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List all other household members:

Name	Age	Relationship

Check all sources of unearned income:

- Supplemental Security Income
- FoodShare Benefits
- TANF Benefits
- Commodities
- Medical Assistance
- WIC/SNAP
- General Assistance Benefits
- Kinship and/or Foster Care Benefits

Check all sources of earned income:

- Wages Amount: \$ \_\_\_\_\_
- Social Security/Survivor/Disability Benefits Amount: \$ \_\_\_\_\_
- Unemployment Benefits Amount: \$ \_\_\_\_\_
- Veteran's Benefits Amount: \$ \_\_\_\_\_
- Worker's Compensation Benefits Amount: \$ \_\_\_\_\_
- Retirement Benefits Amount: \$ \_\_\_\_\_

Describe the services and/or resources you are seeking assistance with:



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I understand that:

- By signing this “Application for Services,” I certify that the information provided is true and correct. Any information obtained will be kept confidential and used only for the purpose of determining eligibility and/or providing services.
- My personal information and information concerning my case will be exchanged between identified agencies and/or individuals.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### ***FOR OFFICE USE ONLY***

Date Received:	Staff Initials:
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