



POARCH BAND OF CREEK INDIANS
FAMILY SERVICES DEPARTMENT
COMMUNITY SERVICES PROGRAM
5811 Jack Springs Raod
Atmore, AL 36502
Phone: (251) 368-9136 Ext. 2600
Fax: (251) 368-0828

Applicant: _____

TM#: _____

Application Date: _____

NOTICE OF CONTINUANCE

The Community Services Program requires applicants to provide the necessary information/verification to assess and determine eligibility and benefits levels in multiple grant and/or tribally-funded programs. Before your pending application can be completed, you must return the information listed below by _____. Failure to provide this information may result in your application being denied or your benefits issued at a lower level.

Worker: _____

Date: _____

Form received by Applicant: _____

Applicant's Signature