



**CHEROKEE NATION OFFICE OF CHILD SUPPORT SERVICES  
HUMAN SERVICES DIVISION**

**Client Interview Assessment (C.I.A.)**

This form is utilized by the case manager to gather information about the client's current situation and to offer possible resources if needed.

**DEMOGRAPHICS**

Personal Information			
Name:			
Age:		Phone:	
Current address:			
City:	State:	ZIP Code:	
County:	A.O.R. on file? Yes      No	CP	NCP

Job Information			
Current employer:			
Employer address:		How long?	
City:	State:	Zip code:	
Phone:	Fax:	E-mail:	

Child (ren) Information					
Name	Age	M/F	Tribal Affiliation	If receiving state services, specify: (Soonercare, TANF, Foster Care)	Medical Expenses Not covered

Listed below are services offered by Cherokee Nation and the State office. If you need any of these services please check YES, and if you do not need or already have these services check NO.

**SERVICES**

<b>Cherokee Nation</b>	<b>YES</b>	<b>NO</b>
<b>Behavioral Health (Domestic/Family Violence, Substance Abuse)</b>		
<b>Career Services (G.E.D., Job Skills, Job Placement, Reintegration)</b>		
<b>Child Care (Daycare, Head Start, Immersion)</b>		
<b>Commerce (Budgeting, Financial Counseling, Gambling issues)</b>		
<b>Food Distribution (Commodities)</b>		
<b>Health (Diabetes, Quit Smoking, Exercise)</b>		
<b>Housing Authority (Rent, Mortgage, Home Rehab)</b>		
<b>Human Services (Utilities, LIHEAP, School Clothing Voucher)</b>		
<b>OTHER:</b>		

<b>OKDHS (Oklahoma Department of Human Services)</b>	<b>YES</b>	<b>NO</b>
<b>Behavioral Health (Domestic/Family Violence, Substance Abuse)</b>		
<b>Child Care (Subsidy, Head Start)</b>		
<b>Employment (Work Force Oklahoma)</b>		
<b>Health (SoonerCare, Medicare A/B)</b>		
<b>Housing (HUD)</b>		
<b>Human Services (LIHEAP, Angel Tree, CPS, APS)</b>		
<b>SNAP (Food Stamps)</b>		
<b>TANF (Temporary Aid for Needy Families)</b>		
<b>OTHER:</b>		

**REVIEW**

**Additional information:**


**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>By checking this box, you are admitting that everything listed here is believed to be true, and is completed to the best of your knowledge.</b>	Select this box to submit.
	<i>*If you do NOT have Adobe Reader, please see <b>instructions</b>*</i>

**INSTRUCTIONS:** *\*If you do not have Adobe Reader\** Instructions: Please save your locate questionnaire, and email the completed form to [childsupport1@cherokee.org](mailto:childsupport1@cherokee.org)