



QUECHAN INDIAN TRIBE

Ft. Yuma Indian Reservation

Tribal Social Services

P.O. Box 1899
Yuma, Arizona 85366-1899
Phone (760) 572-0201
FAX (760) 572-2099

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

***Please ensure that your mailing address is current and accurate, the Quechan Indian Tribe will not be responsible for outdated or incorrect information.**

Phone: _____ Email _____

Date of Birth: _____ Age: _____ Enrollment #: _____

Household Information

***Note you may be asked to provide additional information to qualify for a payment.**

Household Size: _____ #of Adults _____ # of Children _____

Do you pay for childcare? YES NO

Do you reside on the reservation? YES NO

Are you currently employed? YES NO

Impact Assessment Information

The Quechan Indian Tribe Social Services Program provides the following assistance per adult tribal member twice a year to assist tribal households experiencing hardships:

- Food - \$50.00 Voucher for local and check for out of town per tribal household member up to \$250.00
- Rent - Up to \$300.00 max paid directly to landlord
- Utilities - Up to \$250.00 max paid directly to utility company
- Hygiene - \$25.00 voucher for local and a check for out of town per tribal household member up to \$100.00

Does your household expenses exceed the maximum amount allowed for any of these assistance services provided above?

YES NO

Have you ever had to apply for any of these assistance services that have not been able to cover the amount needed for your household due to inflation in prices such as food, hygiene, etc.?

YES

NO

Have you needed assistance with expenses not provided under the Quechan Social Services Program, such as fuel, public transportation, clothing, etc.?

YES

NO

Have you experienced any hardship due to the increased prices, shortages or interruption in supply chains, etc.?

YES

NO

This assistance is intended as a response to the economic inflation and the impacts that our tribal member households are currently experiencing. Please select the type of resources in which these funds will provide economic relief:

Food

Rent/Mortgage

Utilities/Heat

Personal Hygiene

Fuel

Household Supplies

Other

If the Tribe determines that you have adequately shown financial need, it will make a one-time payment valued at \$800 to you or on your behalf. Please indicate your preference for how money can be allocated.

\$ _____ Food

\$ _____ Housing/Rent

\$ _____ Utilities

\$ _____ Transportation

\$ _____ Medical

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application is approved to provide a payment for assistance, I will maintain records of how funds were used, and if requested, will provide additional information and documentation to support claims in the application and provide verification on the use of the funds. I understand that false or misleading information in my application may prohibit me from participating in any future assistance programs under the Quechan Indian Tribe.

Signature: _____

Date: _____

OFFICE USE ONLY

RECEIVED BY: _____

ENROLLMENT CONFIRMED: YES NO

PAYMENT APPROVED: YES NO

DATE RECEIVED: / /

DATE PROCESSED: / /

CHECK #: _____

MAILED OUT BY: _____ ON / /