



QUECHAN INDIAN TRIBE

Ft. Yuma Indian Reservation

Office of Tribal Administration

P.O. Box 1899

Yuma, Arizona 85366-1899

Phone (760) 572-0213

Fax (760) 572-2102

OFFICE USE ONLY	
TRIBAL FUNDS	_____
LIHEAP	_____
CSBG	_____
DOCKET 119	_____

SOCIAL SERVICES APPLICATION

The application must be completely filled out by the individual requesting assistance. All documentation must be accompanied to complete the approval process such as appointment slips, disconnect notices, etc.

DATE: _____

NAME: _____ ENROLLMENT # 696 _____
PRINT NAME

MAILING ADDRESS: _____ PHONE# () _____
 _____ MSG # () _____
CITY STATE ZIP CODE

REQUEST FOR SERVICES (Please check one per application):

- (A) FOOD (Voucher) (B) RENTAL ASSISTANCE
 (C) UTILITIES (D) OTHER
 (E) MEDICAL ASSISTANCE **** (E) Attach appointment slip or any other correspondence or facility**

LIST THOSE WHO LIVE IN HOUSEHOLD, **INCLUDING YOURSELF**. (If additional space is needed use another page)

- | | | |
|----------|-------------------|-------|
| 1) _____ | 696- _____ | _____ |
| SELF | TRIBAL ID NUMBER | DOB |
| 2) _____ | 696- _____ | _____ |
| NAME | TRIBAL ID NUMBER | DOB |
| 3) _____ | 696- _____ | _____ |
| NAME | TRIBAL ID NUMBER | DOB |
| 4) _____ | 696- _____ | _____ |
| NAME | TRIBAL ID NUMBER | DOB |
| 5) _____ | 696- _____ | _____ |
| NAME | TRIBAL ID NUMBER | DOB |
| 6) _____ | 696- _____ | _____ |
| NAME | TRIBAL ID NUMBER | DOB |

REQUEST FOR ASSISTANCE

PURPOSE OF REQUEST: _____

LIST YOUR BILLS FOR THIS MONTH:

RENT \$ _____ CLOTHES \$ _____ UTILITIES \$ _____
 FOOD \$ _____ TRANSPORTATION \$ _____ (Gas)

LIST GROSS INCOME FROM ALL SOURCES FOR ALL MEMBERS OF YOUR HOUSEHOLD

SOURCE	AMOUNT	HOW OFTEN PAID	NAME
SSI			
Social Security Income			
Unemployment Benefits			
Retirement/Pensions			
Public Assist./AFDC/GA			
Alimony/Child Support			
Education Benefits			
Veteran's Benefits			
Industrial Insurance			
Employment Earnings			
Other			

IS YOUR HOUSEHOLD RECEIVING FOOD STAMPS/COMMODITIES? _____ YES _____ NO

Please read before you sign: I, _____
Print Name

do hereby certify that the foregoing represents my total household income for this month for the Tribal Social Services Program and certify that all information is complete and accurate to the best of my knowledge.

CERTIFICATION: I certify that all information is true. I am aware that willfully and knowingly falsifying information may lead to the rejection of my application and that an incomplete application may result in the rejection of the application.

 SIGNATURE

 DATE