



QUECHAN INDIAN TRIBE

Ft. Yuma Indian Reservation

P.O. Box 1899
Yuma, Arizona 85366-1899
Phone (760) 572-0213
Fax (760) 572-2102

Tribal Social Services Checklist

All assistance requests should be submitted in a timely manner to allow the 3-5 business day process to take place. All precautions should be made by the applicant to ensure that utility and/or rent bills do not reach an extreme amount. Receipts will be required to be submitted to the finance office. Receipts must coordinate with the date the applicant received assistance. Failure to comply may result in immediate suspension from the Tribal Social Service Program for the remainder of the calendar year or until receipts can be returned, whichever occurs first.

In order for your Tribal Social Service Application to be deemed complete you will need to provide the following documentation:

Utility Assistance:

An applicant can apply for utility assistance two times a year; Once between the specified months of January 01 – June 30 and once between the months of July 01 – December 31.

- Completed Application
- Utility Bill
- W-9 tax form completed by utility company
- Proof of Residence (If utility bill is not in applicant's name)
- Other: _____

Rental Assistance:

An applicant can apply for rental assistance two times a year; Once between the specified months of January 01 – June 30 and once between the months of July 01 – December 31.

- Completed Application
- Lease/Rental Agreement
- W-9 tax form completed by landlord or realty company
- Proof of Residence (If utility bill is not in applicant's name)
- Other: _____

Food Assistance:

An applicant can apply for food assistance two times a year; Once between the specified months of January 01 – June 30 and once between the months of July 01 – December 31.

- Completed Application
- Proof of Residence
- Other: _____

Medical Assistance:

The Tribal Social Service Program can only assist with a total of 4 out of town medical appointments per calendar year. All medical appointments will need to be confirmed by the Community Liaison.

- Completed Application.
- Medical Appointment Slip with date and address of medical appointment
- Denial Letter of transportation request from Community Health Services, etc.
(If residing in the service area)
- Other: _____