



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) 572-0049

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

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 **Attach appointment slip or any other correspondence from facility

PURPOSE OF REQUEST:

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

IS YOUR HOUSEHOLD RECEIVING FOOD STAMPS OR COMMODITIES? (If Yes, Circle one.)

DATE ISSUED: _____ AMOUNT: \$ _____

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			

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. 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.

RELEASE OF INFORMATION: You grant and authorize the exchange of information between The Quechan Indian Tribe and the following agencies/programs: _____

Any information exchanged will pertain to your eligibility to receive Tribal Social Service Assistance or referral to other programs that would benefit you. By signing you agree and understand any information obtained will be kept confidential and will be used only for the purposes directly connected with providing benefits or services on your behalf. You further agree and understand that any information obtained may be released to proper governmental agency, court, or law enforcement agencies for purposes of legal and investigate action concerning fraud.

This Release of Information will remain in effect for one (1) year from date of signature or until you request to rescind.

 SIGNATURE

 DATE