

Pit River Tribal Member Request for

Elders Assistance

Tribal Members Name: _____ D.O.B. _____

Enrollment Number: _____ Maiden Name: _____

Band: _____

Mailing Address: _____

City	State	Zip Code
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Home Phone: _____ Work Phone: _____

Requested Amount: \$500 Pick up: _____ Mail: _____

Tribal Members Signature

Date of Request

If Approved Authorized Signature

Date of Approval

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Please take the time to ensure that your application is complete. Incomplete applications will automatically be denied.

Social Services Coordinator Phone Number: (530) 335-5421 ext: 1401

Pit River Tribal Office Fax: (530) 335-3140

Finance Office Fax: (530) 335-5069

Email: receptionist@pitrivertribe.org