

SOCIAL SERVICES APPLICATION COVID FOOD CARD



ALL SERVICE PROGRAMS ARE BASED ON AVAILABLE FUNDING. ALL DOCUMENTATION
MUST BE RECEIVED BY THE SOCIAL SERVICE DEPT. FOR AN APPLICATION TO BE
CONSIDERED COMPLETED.

NAME: _____ PHONE#: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

ENROLLMENT NUMBER: _____ BAND: _____

- **WE CAN ONLY ACCEPT POSITIVE COVID RESULTS FROM A CLINIC OR HOSPITAL. MUST BE WITHIN 30 DAYS OF DATE ON APPLICATION. (CAN NOT ACCEPT HOME TEST RESULTS)**
- **1 CARD PER HOUSEHOLD**
- **ONLY FOOD ITEMS TO BE PURCHASED WITH THIS CARD. NO ALCOHOL OR TOBACCO.**
- **IF NON-FOOD ITEMS ARE PURCHASED YOU WILL NO LONGER BE ELIGIBLE FOR FOOD CARD ASSISTANCE.**

BY SIGNING THIS APPLICATION, YOU UNDERSTAND AND AGREE TO THE GUIDELINES OF THIS PROGRAM.

Signature of Tribal Member: _____ Date: _____

Any Questions Please Contact Social Service Department.

(530)335-5421 ext.2013,2014,2019

FAX# (530)335-6340 EMAIL: ssintake6@pitrivertribe.org

FOR OFFICE USE ONLY:

Authorizing Signature: _____ Date Processed by SS Dept: _____