

# SOCIAL SERVICES APPLICATION FOR ELDERS ASSISTANCE



ALL SERVICE PROGRAMS ARE BASED ON AVAILABLE FUNDING. ALL DOCUMENTATION  
MUST BE RECEIVED BY THE SOCIAL SERVICES DEPT. FOR AN APPLICATION TO BE  
COMPLETED IN A TIMELY MANNER.

TRIBAL MEMBERS NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

ENROLLMENT NO: \_\_\_\_\_

BAND AFFILIATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY

STATE

ZIP CODE

PHONE NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PICK UP: \_\_\_\_\_ MAIL: \_\_\_\_\_

TRIBAL MEMBERS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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## FOR OFFICE USE ONLY:

APPLICATION DATE: \_\_\_\_\_

REQUISITION NO: \_\_\_\_\_

APPROVED AMOUNT: \_\_\_\_\_

SOURCE OF FUNDS: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

DATE PROCESSED BY SS DEPT: \_\_\_\_\_

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