

BEAR RIVER BAND of the ROHNERVILLE RANCHERIA

266 KEISNER RD LOLETA, CA 95551-9707

PHONE 707-532-0254, (707)733-1900 ext.1012, FAX 707-733-1723



Tribal Benefits Application

Applicant/Guardian Information

Name: _____ Enrollment Number: _____

DOB: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Type of Benefit Service Requested:

Clothing Assistance- 6240-002-055-00

Infant Minor School

Youth Employee Elder

Adult Work

Dental Assistance- 6250-002-055-00

Elder Utility Asst. - 6100-002-069-00

Funeral Assistance- 6960-002-055-00

Household Assistance- 6261-002-055-00

Lice Policv

Basic Needs Assistance

Food Card (6420-002-055-00)

Winco Grocery Outlet

FC Signature of Receipt: _____

Utility (6100-002-055-00): _____

Amount Past Due: \$ _____

Minors Trust Fund 1250-000-000-00

Education Medical

Out Of Area Med. Travel Asst. - 6120-002-055-00- Date of Travel: _____

Out Of Area Family Assistance- 6120-002-055-00- Date of _____

LIHEAP-Supplement Fund-6100-002-

Sports and Recreation- 6425-002-055-00

Adult Minor

Prescription Drug Asst. - 6250-002-069-

Cultural Assistance- 6110-076-077-00

Material/Event: _____

Holiday Box/Card 6420-002-055-00

Thanksgiving Christmas

Please explain the requested assistance and provide any additional information we might need to process your request: _____

Child Information (If the child is the beneficiary) must be fully completed

Name: _____ DOB: _____ Enrollment #: _____

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Submit all signed applications in person to the Benefits Coordinator, or fax to (707) 733-1723, or email to benefits@brb-nsn.gov, or mail to 266 Keisner Rd. Loleta, CA 95551. Questions: Please call (707) 532-0254. Benefit Applications (Including food cards) will be processed within 3-7 days. Benefit Applications must be fully complete in order to be processed.

I understand that my assistance and related charges will be applied as set forth in the above referenced policies (signature required for **loan** programs).

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I further acknowledge that this information is subject to verification and that falsification of such information shall be grounds for my termination from any program which I am participating or eligible.

Applicant/Guardian Signature _____ **Date:** _____

Benefits Coordinator Signature: _____ **Date:** _____

OFFICE USE ONLY

Vendor: _____ **Amount: \$** _____

Reimbursement Financial Support Food Card - Winco Grocery Outlet

DC/CC Charge: # _____ Date: _____