BEAR RIVER BAND of the ROHNERVILLE RANCHERIA
266 KEISNER RD LOLETA, CA 95551-9707 PHONE 707-733-1900 FAX 707-733-1723

Tribal Member Benefits Application

Applicant/Guardian Information

Name: _____ Roll #: _____ DOB: _____

Address: _____ City/ST/Zip: _____

Phone #: _(_____)_____-_____ Email Address: _____

Type of Benefit Service Requested:

☐ ***FOOD SECURITY & BASIC NEEDS ASSISTANCE*** *(6420-002-055-00)*

☐ ***Adult Food Card*** *Holiday* ☐ Thanksgiving ☐ Christmas

☐ Winco ☐ Grocery Outlet ☐ Costco ☐ Check/Direct Deposit*

☐ ***Minor Food Card*** *Minor Name:* _____

☐ Winco ☐ Grocery Outlet ☐ Costco ☐ Check/DD***** *(*90 miles outside of Service Area only)*

☐ ***FOOD SECURITY & BASIC NEEDS ASSISTANCE***

☐ ***UTILITY ASSISTANCE*** *(6100-002-055-00)*

☐ ***CLOTHING ASSISTANCE*** *(6240-002-055-00)*

☐ Adult Work ☐ Youth Work ☐ Minor School ☐ Infant ☐ Elder

☐ ***DENTAL ASSISTANCE*** *(6250-002-055-00)*

☐ Adult Dental ☐ Minor Dental

☐ ***FUNERAL ASSISTANCE*** *(6960-002-055-00)*

☐ ***HOUSEHOLD ASSISTANCE*** *(6261-002-055-00)*

☐ ***MINOR TRUST FUND*** *(1250-000-000-00)*

☐ ***OUT OF AREA ASSISTANCE (MEDICAL & TRAVEL)*** *(6120-002-055-00)*

☐ ***PRESCRIPTION RX ASSISTANCE*** *(6250-002-069-00)*

☐ ***SPONSORSHIP ASSISTANCE*** *(6940-002-055-00)*

☐ ***SPORTS, RECREATION & CULTURAL ASSISTANCE*** *(6425-002-055-00)*

☐ Adult ☐ Minor

Explain the requested assistance and provide any additional information needed to process your request:

_____

_____

Child Information (if the child is the beneficiary – must be fully completed):

Name: _____ DOB: _____ Roll #: _____

Name: _____ DOB: _____ Roll #: _____

Name: _____ DOB: _____ Roll #: _____

Name: _____ DOB: _____ Roll #: _____

Name: _____ DOB: _____ Roll #: _____

Signature: _____ Date: _____

Authorized Pickup Person - *optional* - (for this specific benefit): _____

OFFICE USE ONLY

Received by Benefits: _____/_____/_____ Initial: _____

PO #: _____ ☐ Reimbursement ☐ Direct Vendor Payment ☐ DC/CC ☐ Check

Vendor: _____ Roll #: _____ Amount: $_____

Vendor: _____ Roll #: _____ Amount: $_____

Vendor: _____ Roll #: _____ Amount: $_____

Receipts Received: _____

☐Q1 ☐Q2 ☐Q3 ☐Q4

☐ Food Card Pick Up – Tribal Member Initial: _____ Date: _____

☐ Food Card Mailed – Date: _____