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**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: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Benefit Service Requested:**

**Clothing Assistance-** \$ \_\_\_\_\_  
 6240-002-055-00  
 Adult Work       Minor School  
 Youth Employee     Infant     Elder

Prescription RX Asst. - 6250-002-069-00

Funeral Assistance- 6960-002-055-00

Minor Trust Fund- 1250-000-000-00  
 *Education*    *Medical* - Date: \_\_\_\_\_

Household Assistance- 6261-002-055-00

Pediculosis (Lice) Asst. 6110-002-055-00

Out of Area Medical Travel/Family  
 Emergency 6120-002-055-00 Date: \_\_\_\_\_

**Holiday Box/Card** 6420-002-004-99  
 Thanksgiving    Christmas

Dental Assistance- 6250-002-055-00

Sponsorship - 6940-002-055-00 \_\_\_\_\_

**Sports and Recreation-** 6425-002-055-00  
 Adult       Minor

Cultural Assistance- 6110-076-000-00  
 Material/Event: \_\_\_\_\_

**Utility** - 6100-002-055-00 \$ \_\_\_\_\_  
 **Elder Utility**-6100-002-069-00  
 Vendor: \_\_\_\_\_

**Basic Needs Assistance**      **\$150.00**  
 **Food Card** - 6420-002-055-00  
 *Winco*    *Grocery Outlet*    *Costco*  
 Receipt Initial: \_\_\_\_\_  
 **Minor Children**      **\$150.00**  
 *Winco*    *Grocery Outlet*    *Costco*

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

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Submit all signed applications in person to the Benefits Department, fax to (707) 733-1723, email to [benefits@brb-nsn.gov](mailto:benefits@brb-nsn.gov), or USPS to 266 Keisner Rd. Loleta, CA 95551. Questions: Please call (707) 532-0254. Benefit Applications (Including food cards) will be processed within 4-7 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 referenced policies.

**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 for.* I hereby authorize the release of records and the exchange of information within ALL Bear River Departments for verification of received tribal benefits. **I am aware that if receipts MUST be submitted within 30 days to avoid future eligibility requirement.****

Applicant/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Benefits Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Vendor: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Reimbursement    Financial Support    Food Card - *Winco*   *GOutlet*   *Costco*

DC/CC Charge: # \_\_\_\_\_ Date: \_\_\_\_\_