



Social Services Benefits Application

Applicant/Guardian Information

Name: _____ Enrollment Number: _____

DOB: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Type of Benefit Services Requested:

- Alcohol and Other Drug (*Loan*)-1210-000*
- Alcohol and Other Drugs Clean and Healthy Home Environment-6905-002-501-00
- Elders Assistance 6260-002-069
- Elders Appeal
- ICWA Family Assistance-6422-002-002-00
- Gas Card Food Card
- Winco Safeway Grocery Outlet
- Lice Policy
- Other _____

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

Benefit Request Form Application

Revised: Monday, February 7, 2022

Received Stamp

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 Bear River Social Services, or fax to (707) 875-7229, or mail to 588 Singley Hill Rd. Loleta, CA 95551. Questions: Please call 707-733-1900 option 2. Benefit Applications (Including food cards) will be processed within 3-7 days. Benefit Applications must be fully complete in order to be processed.

A completed and signed Release of Information **must** be on file for Procurement and Finance Departments.

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

All applications must be completed with a Bear River Social Services Worker.

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: _____

****I understand that my Alcohol and Other Drug Policy will be applied as a **loan** to me:***

Signature: _____

Social Worker Signature _____ Date: _____

Social Services Administration _____ Date: _____