

2020
Quapaw Nation Social Services
Program

Effective
January 1, 2020
December 31, 2020



Quapaw Nation
P.O. Box 765
Quapaw, OK 74363
1-888-642-4724

Social Services Program

This program was formed to assist Quapaw Nation members with utility assistance, veteran's assistance, burial assistance and *unmet needs*. These guidelines are set forth by the social service committee and passed by the business committee. This funding cycle runs from **January 1, 2020 to December 31, 2020**. In this packet you will find information on what programs are available and how to apply for assistance. The Social Services Department follows a first come first serve basis. **All services will be offered as long as funding is available**. After reading all information in this packet you will be able to apply for services correctly. Any questions can be directed to the social services department at 1-888-642-4724 or 918-542-1853 Monday – Thursday 8am – 5pm and Friday 8am – 4pm. We honor most federal and tribal holidays.

Each Quapaw Nation applicant should expect to be treated with respect and care. Quapaw Nation members are expected to treat the Quapaw Nation staff in the same manner. Inappropriate behavior will not be tolerated, or corrective action will be taken.

Reminder:

Please update all required forms at the beginning of the new funding cycle. This includes: Affidavits, legal documents for minor children if living with someone other than the Quapaw Nation parent, address corrections, name changes and landlord/roommate form, lease or rental agreements, spouse forms and Non-Tribal Custodial Parent Form (page 15).

NOTICE*NOTICE*NOTICE*NOTICE*NOTICE

Due to the rapid growth of our tribe the Quapaw Nation Business Committee has clarified the language of the resolution that took effect January 1, 2012. All new enrollees to the Quapaw Nation Roll, excluding infants enrolled before his/her first birthday, are eligible for services provided by the Social Services/Higher Education Programs and Quapaw Nation **Member Insurance Plan 12 months from the date in which he/she was enrolled with the Quapaw Nation.**

All forms are available on our website at www.quapawnation.com.

QUAPAW NATION

Burial Assistance

(Pay to Vendor Only)

\$3000.00 per enrolled Quapaw Nation member

This service will be paid **DIRECTLY** to the funeral home or to offset any funeral service expenses. In the unfortunate event, of an infant's death, please contact the Quapaw Nation Social Services Committee.

The following items are required upon the death of an enrolled Quapaw Nation member:

- Completed application** (signed and dated by the next of kin, legal administrator, documentation is required)
- Original bill** from the funeral home (including an address and phone number of the facility.)
- Original certified death certificate.**

“Burial benefits must be applied for within 12 months from the date of death.”

**2020
QUAPAW NATION
Burial Assistance Application
P.O. Box 765 * QUAPAW, OK 74363**

Applicants Name: _____ Date: _____

(Name of Deceased Quapaw Nation Member)

ROLL # _____ SS# _____/_____/_____

Please provide: Name - Address -Phone number & Relationship of person requesting Burial Assistance:

Legal Documentation Must Be Provided

RELATIONSHIP TO QUAPAW NATION MEMBER _____ PHONE _____

Name: _____ Social Security # _____

ADDRESS: _____

(City)

(STATE)

(ZIP)

| | | | |
|--|----------------------|--------|--------|
| Burial Assistance All Quapaw Nation Members \$3,000.00 ***** End of Life Up to \$10,000.00 | Quapaw Nation Member | Roll # | Amount |
| | End of Life | Name | Amount |
| | | | |
| | | | |

Checklist

Completed Application ----Original Certified Death Certificate ---- Original Bill from Funeral home --- Beneficiary Form ---- Application must be signed and dated by next of kin or legal administrator (documentation required)

(Quapaw Nation Member's next of Kin / Legal Representative)

(Date)

FOR OFFICE USE ONLY

| DATE RECEIVED | ACTION | BALANCE |
|---------------|--------|---------|
| | | |

2020
QUAPAW NATION
VETERANS ASSISTANCE APPLICATION
P.O. BOX 765 * QUAPAW, OK 74363

\$250.00 per enrolled Veteran
 (Per Quarter)

This service is to help our Veterans (active or inactive) who may have additional needs. You **must** provide a **DD214** (once we have it on file you will not need to send it in each quarter). **Valid Active military ID card or Retired Military Card. We do not accept enlistment forms** in lieu of your DD214 for this service. To receive benefits, you must apply each quarter. **Your DD214 must reflect an Honorable discharge. If your DD214 reflects a DISHONORABLE discharge; you are NOT ELIGIBLE to receive Veterans assistance.**

Applicant's Name: _____ Date: _____

Roll# _____ SS# _____ / ____ / _____ Phone# _____
 (Day & Night time contact numbers)

Address: _____

 (City) (State) (Zip)

| 1 st Quarter Jan-March | 2 nd Quarter April-June | 3 rd Quarter July-Sept | 4 th Quarter Oct-Dec |
|--------------------------------------|---------------------------------------|--------------------------------------|------------------------------------|
| Veteran's Assistance | QN Member | Roll# | Amount |
| Date Received | Action | Service | Balance |
| | | | |

(Please submit a legible copy of your DD214 or Active Enlistment form if you are a first-time applicant)

By signing below, I hereby grant the Quapaw Nation Social Services department the authority to contact the Department of Veterans Affairs regarding my application for funding. This authority extends to verifying any necessary information within my records and dates of service and type of discharge. I understand that in the event any information is knowingly falsified on my veteran's assistance application or any information pertaining to my eligibility for assistance I will be suspended from all services.

 (Quapaw member signature)

AFFIDAVIT

(Military Deployment)

The Quapaw Nation considers the age of 18 as an adult, therefore requiring each adult tribal member to sign their own Social Services Application. I am over the age of 18 and wish to appoint the undersigned as an authorized party in the regards to the Quapaw Nation Veterans assistance program.

I, _____ hereby give the undersigned person permission to inquire about my benefits and to fill out my Veterans application. I hereby understand that this form is valid until revoked.

Signature of Tribal member

Date

(Please print name of tribal member)

Signature of authorized person

Date

(Please print name of authorized person)

This document was signed and dated before me on _____ of _____ 20 _____

Signature of Notary Public

Date

My Number is _____

Expires on _____

2020
K-12th Grade
Quapaw Nation
SCHOOL
CLOTHING/SUPPLIES

This service is to be used for school expenses and will cover the cost of school supplies, clothing, lunches, pictures and even the cost of tests that students are required to take. The amount for each enrolled Quapaw child is:

ALL CHECKS WILL BE MAILED

WE WILL NO LONGER ALLOW YOU TO PICK THEM UP

K-5th \$250.00
6th-8th \$300.00
9th-12th \$350.00

NOTICE:

*If children are attending school **AWAY** from legal guardian or parents, then the boarding school will need to complete the application to receive school funding. The school **must** provide the social services department **receipts** for items purchases. Under no circumstances can we accept faxed copies of application for processing. Once we receive the original forms, we will process the application.*

If your child is being homeschooled, we will need the withdraw form showing where you took your children out of public schools. If this is not available, we will need a letter from the program your child is using to be homeschooled. This letter must state what grade they are currently in.

QUAPAW NATION PARENT, CUSTODIAL PARENT or LEGAL GUARDIAN will be responsible for completing and signing this application for each enrolled Quapaw Nation child to be eligible for school funding.

Legal Documentation: All legal documentation must come from the courts and have a court seal/stamp with the case number and date on the document. In the event that a court stamped document is not available, other official documentation will be review by the social services committee on a case by case basis.

*****If a minor child is living with a nonmember parent or legal guardian you must submit legal documentation stating placement of said minor child at the beginning of each funding cycle to be eligible to use services. If children are attending a boarding school, then the school must send receipts to the social services department. Failure to do so will result in ineligibility for next funding cycle.***

This application will need to be signed, dated and stamped for verification purposes. Omission of this stamp will result in ineligibility for this child. If the application is incomplete, it will be sent back to you and will not be considered until all information is complete. Applications for each child can be sent through US Postal Service or hand delivered to our office. We do not accept copies or *faxed* applications. **If you have any questions concerning this application, please contact the Social Services Department.**

**2020 (K-12th Grade)
Quapaw Nation
School Clothing and Supplies Application
P.O. BOX 765 QUAPAW, OK 74363**

APPLICATION MUST BE FILLED OUT BY QUAPAW NATION PARENT, LEGAL GUARDIAN, or BOARDING SCHOOL. INFORMATION BELOW EACH CHILDS NAME NEEDS TO BE FILLED OUT BY AN OFFICIAL FROM THE SCHOOL THEY ARE ATTENDING BEFORE THIS APPLICATION WILL BE CONSIDERED.

Custodial Parent's Name: _____ **Roll #** _____

Phone Number: _____

Current address: _____

City: _____ **State** _____ **Zip** _____

STUDENT INFORMATION

Quapaw Nation child' full name: _____ **Social Security Number** _____

-----/-----/-----

| Roll # | Grade in School | Amount Requested (if requesting partial payment) | School Attending |
|--------|-----------------|--|------------------|
| | | \$ | |

The Quapaw Nation Social Services Department has a program that helps our Quapaw children with school clothing or supplies. According to our guidelines we need a signature from a school official to verify enrollment of the child named above in order for each child to be eligible for this program. Any questions can be directed to the Social Services Department at 1-888-642-4724 Monday – Thursday 8-5 & Friday 8-4

School Official's Signature: _____ **Date:** _____

Please place school stamp over the name for verification purposes. (Omission of this stamp will result in ineligibility for this child)

School Official's Job Title: _____ Phone # _____

As the Quapaw Nation parent or legal guardian of the above child/children I verify that all the information is true to the best of my knowledge. In the event that any information is knowingly falsified on this application or any information pertaining to the eligibility of my child/children then we will be denied services for one (1) year as decided by the Quapaw Nation Social Services Committee.

x _____ **Date:** _____
Quapaw Nation parent/legal guardian's signature

(Any incomplete applications will be returned to you and will not be considered for processing) Custodial parents/legal guardians must provide legal documentation stating placement of children.

**ALL CHECKS WILL BE MAILED
WE WILL NO LONGER ALLOW YOU TO PICK THEM UP**

2020
UNMET NEEDS

ALL CHECKS WILL BE MAILED
WE WILL NO LONGER ALLOW YOU TO PICK THEM UP

Under Kindergarten (Birth to under Kindergarten)

This service is to be used for unmet need expenses and will be allotted once a funding cycle and can't be used with the School Clothing application. You can only use one of these services, not both.

The amount for each enrolled Quapaw Nation child is: UNDER Kindergarten - \$200.00

Quapaw Nation parent, Custodial parent or legal guardian will be responsible for completing and signing this application for each enrolled Quapaw child to be eligible for funding.

Legal Documentation: All legal documentation must come from the courts and have a court seal/stamp with the case number and date on the document. In the event that a court stamped document is not available other official documentation will be reviewed by the social services committee on a case by case basis.

*** If a minor child is living with a nonmember parent or legal guardian you must submit legal documentation stating placement of said minor child at the beginning of each funding cycle to be eligible to use services. ***

This application will need to be signed and dated. If the application is incomplete, it will be sent back to you and will not be considered until all information is complete.

Applications for each child can be sent through the US Postal Service or hand delivered to our office. We do not accept faxed applications or copies.

Quapaw Nation
Attn: Social Services
P.O. Box 765
Quapaw, OK 74363
Phone 918-542-1853

Or
888-642-4724

Office hours:
Monday-Thursday 8:00 a.m. to 5:00 p.m.
Fridays 8:00 a.m. to 4:00 p.m.
(We are closed most Federal Holidays)

2020

Quapaw Nation Social Services
P.O. Box 765
Quapaw, Ok 74363
918-542-1853

UNMET NEEDS APPLICATION
Under kindergarten
Use School Clothing applications
if attending K to 12th Grade

APPLICATION MUST BE FILLED OUT BY QUAPAW NATION PARENT OR GUARDIAN. ALL INFORMATION BELOW THE CHILDS NAME NEEDS TO BE COMPLETED BEFORE THIS APPLICATION WILL BE CONSIDERED.

Custodial Parent's Name:

Roll #

Phone Number:

Current address:

City:

State

Zip

QUAPAW NATION MEMBER INFORMATION

Quapaw Nation child's full name:

Social Security Number

-----/-----/-----

Roll #

AGE-Present

The Quapaw Nation Social Services Department has a program that helps our Quapaw children with **unmet needs**. According to our guidelines we **MUST** have legal documentation stating placement of each child to be eligible if living with a nonmember parent or legal guardian.

Any questions can be directed to the Quapaw Nation Social Services Department Monday - Thursday 8-5 & Friday 8-4. As the QUAPAW NATION parent or legal guardian of the above child. I verify that all the information is true to the best of my knowledge. In the event that any information is knowingly falsified on this application or any information pertaining to the eligibility of my child then we will be denied services for one (1) year as decided by the Quapaw Nation Social Services Committee.

X _____ **Date:** _____
Quapaw Nation parent/Legal guardian's signature

NOTICE:

**(Any incomplete applications will be returned to you and will not be considered for processing)
Custodial parents/legal guardians must provide legal documentation stating placement of children.**

I have attached a copy of current legal documentation stating placement of children.

ALL CHECKS WILL BE MAILED
WE WILL NO LONGER ALLOW YOU TO PICK THEM UP

Important things to remember

(This program is not funded by grants)

All dates of service must be on or after January 1, 2020

- X **All Claims** must be submitted within this funding cycle. As a reminder, the end of the **year is the final business day in December 2020** at the close of business. Any claims submitted after this date regardless of the date of service will be returned to you and will be your responsibility.
- X You must be an enrolled member of the Quapaw Nation to be eligible to apply for and receive services. **Quapaw Nation members will be eligible for services after date of enrollment and all dates of service must be on or after date of enrollment.**
- X **Due to the rapid growth of our nation the Quapaw Nation Business Committee has clarified the language of the resolution that took effect January 1, 2012. All new enrollees to the Quapaw Nation Roll, excluding infants enrolled before his/her first birthday, are eligible for services provided by the Social Services/Higher Education Programs and Quapaw Nation Member Insurance Plan *12 months from date in which he/she was enrolled with the Quapaw Nation.***
- X *Please allow at least 30 days for your claim to be processed. Therefore, calling either the social services department or accounting staff inquiring as to the status of your claim before the 30 days actually creates a setback for the departments in processing your check.*
- X *You must submit a separate application for EACH Quapaw Nation member. Please do not put more than one person per application. When doing this it only takes longer to separate and determine the correct amounts for each Quapaw Nation member.*
- X *If you do call to inquire about your balance it is VERY IMPORTANT to have your ROLL NUMBER ready when you call.*
- X All claims must be sent through the U.S. mail or hand delivered to the tribal office. No faxes, emailed or copied information will be accepted.
- X You may find all this information along with other programs on our website at www.quapawnation.com under programs.

- X **Penalties.** In the event the Quapaw Nation Social Services Committee (QNSSC) determines that benefits or services under this program have been obtained or used improperly or fraudulently, the QNSSC may penalize the applicant or recipient, or other party involved, accordingly, including but not limited to by issuing a warning and/or by denying services or benefits hereunder, including for a specific period of time, and/or by requiring the reimbursement of sums improperly paid or received and/or by seeking civil penalties, including but not limited to obtaining damages for the monies or value of services improperly paid or received, with interest, and/or by pursuing criminal penalties.

- X **Actions relating to Benefits and Services; Hearings.** In the event the Quapaw Nation Social Services Committee determines that benefits or services under this program have been obtained or used improperly or fraudulently, or in the event the QNSSC determines that benefits or services hereunder should be discontinued or reduced, notice of such a finding shall be provided to the affected recipient, and such recipient shall be afforded a reasonable opportunity to respond to the QNSSC findings. Under usual circumstances, a recipient will be allowed at least ten (10) days advance notice to respond before the QNSSC makes a final determination on action to be taken. At its sole discretion, and based upon the circumstances, the QNSSC may schedule a hearing, at which the affected recipient may appear and present a response and evidence, or the QNSSC may make a final determination based upon the submission of a written response by the affected recipient. The QNSSC shall make a written decision on the matter setting forth the factual and legal basis for the decision and setting forth the penalty, if any, to be imposed. The QNSSC final decision shall be served on the applicant or recipient.

- X Each Quapaw Nation member must have a **notarized** consent/release of information form on file for any person other than a parent/legal guardian of a minor, or a Quapaw Nation member unable to make transactions on their own behalf. These forms can be requested from the office.

- X On all applications please fill out all information. Phone numbers are required so if we have questions about the application, we can reach you in order to process your application quickly. Any incomplete applications will be returned to you for completion and not considered for payment until it is received back in our office.

- X Bills that are sent in must be the complete bill and have all information on them, date of service, vendors name, address, phone number, Quapaw Nation member's name, account number and amount paid or due.

- X Appeal. In the event an applicant feels they have been denied services unfairly, they must appeal in writing to the Quapaw Nation Social Services Committee within thirty (30) days after the written decision of the QNSSC is received by the applicant or recipient of benefits or services. All appeal decisions made by the Quapaw Nation Social Services Committee will be final. **This does not apply if the annual funds have been depleted.**

2020

Utility Assistance

\$1000.00 (64 & Under) (Head of Household)

\$1200.00 (**65 & over**) **Must be 65 By January 1st**- (Head of Household)

This service is limited to the **Head of Household**. Head of household is defined as the person who applies for the assistance. If there is **more than one Quapaw** in the household, then the rest of the Quapaw Nation members will NOT BE ELIGIBLE. If a minor child is living with a nonmember parent and they are the only Quapaw or the eldest child, then they will be considered head of household.

*** If a minor child is living with a nonmember parent or legal guardian you must submit legal documentation stating placement of said minor child at the beginning of each funding cycle to be eligible to use services. **LEGAL DOCUMENTATION**: All legal documentation must come from the court and have a court Seal/Stamp with the case number and date on the document. In the event that a court stamped document is not available, other legal documentation will be reviewed by the social services committee on a case by case basis to determine eligibility.

Utility Assistance is described as the following:

NATURAL GAS/PROPANE---- ELECTRIC ---- WATER--- SEWER/SANITATION----UTILTIY DEPOSITS

*This service is for current incurred costs on active accounts. Inactive accounts will not be paid. Please submit your utility bills monthly. This service is PAY TO VENDOR ONLY for **Head of Household's primary residence**. NO reimbursements. We do not pay late fees or reconnect fees. We do not pay phone, cable, internet, satellite or cell phone bills.*

Please submit the following:

- ___ Completed Application (signed and dated)
- ___ Original **Bill** (Complete with payment stub and dates of service. Submitting just the bottom portion of a bill will not be accepted) we do not accept copies or faxes.
- ___ If the bill is in your **spouse's name**, please complete the **spouse form** and send a copy of **Tribal members Valid State Issued Photo ID**.
- ___ If you are the custodial parent of a **minor child**, please complete the **Custodial Parent Form** and **attach legal documentation**, send a copy of your **VALID State Issued Photo ID** with **physical address** matching the utility bill address to verify proof of residency. We will only pay from the **ID issue date forward**. Any amount due prior to your ID issue date is the responsibility of the landlord/roommate.
- ___ If the bills are in your **landlord/roommate's name** then you must complete the **landlord/roommate form**. You will need to submit **a notarized copy of your lease** and a copy of your **Valid State Issued Photo ID**. It must have a physical address on it to reflect the address on the utility bill. We will pay from the issue date forward. Landlord/roommate is responsible for any amount prior to issue date.
- ___ **If the utilities are included in your rent** you must provide a **notarized copy of your lease/rental agreement**, it must include the name of a contact person; a phone number and remittance address. Complete the **landlord/roommate form** and provide a copy of your **Valid State Issued Photo ID** with physical address. To received utility assistance, you must apply each month. The allotted utility amount will be divided by 12 to determine amount payable.

2020

Quapaw Nation Social Services
UTILITY ASSISTANCE APPLICATION
P.O. Box 765 * Quapaw, OK 74363
(January 1, 2020 to December 31, 2020)

Applicants Name: _____ Date: _____

(Parent or Guardian)

ROLL# _____ PHONE # _____ SS# _____ / _____ / _____

Physical address: _____

City _____ State _____ Zip _____
Mailing address: _____

City _____ State _____ Zip _____

ALL CLAIMS ARE PAY TO VENDOR ONLY

Quapaw Nation Member Roll Number Amount

| | | | | |
|----------------------|-----------------------|--|--|--|
| <u>Date Received</u> | Utility Assistance | | | |
| <u>Action</u> | 64 & Under | | | |
| <u>Balance</u> | \$1000.00 | | | |

Quapaw Nation Member Roll Number Amount

| | | | | |
|----------------------|--|--|--|--|
| <u>Date Received</u> | Utility Assistance | | | |
| <u>Action</u> | 65 & Over | | | |
| <u>Balance</u> | \$1200.00 (Must be 65 by January 1 st) | | | |

*We do NOT accept faxes or emails. All applications must be hand delivered or mailed to the Tribal office. If you don't have enough funding to pay your entire utility bill, **do NOT send a check to the Tribal office for the balance due.** Please send it **to your Utility Vendor.** Thank you.*

Quapaw Nation Member/Parent/Guardian's Signature

Date

2020

Landlord or Roommate Form

(This form must be signed by the Landlord/Roommate)

Name of Tribal member: _____

Name of Landlord or Roommate: _____

Relationship to Quapaw Nation member: _____

How long have you been at this address? _____

*You must submit a **NOTARIZED** copy of your lease/rental agreement with your application. If utility bill is **not** in your name you **must bring in a copy of your Valid State Issued Photo ID with current physical address to verify proof of residency at the billing address on utility bills.** This needs to be updated at the beginning of each funding cycle. **ID must reflect that you have lived there for at least 30 days.** We will pay current bill only, beginning 30 days after the issue date on your drivers' license. Any past due amounts are the responsibility of the landlord or roommate.*

Are utilities included in rent? Yes No
If yes, please explain breakdown _____

Please list the name and address of where payments will need to be sent if utilities are included in the rent.

Name

Address

City St Zip

By signing this form, I declare that the information above is true and I understand any false information is grounds for penalty by law.

LANDLORD OR ROOMMATE' SIGNATURE

CONTACT PHONE NUMBER

Please submit this form to the following address:

Quapaw Nation
Attention: Social Services Department
P.O. Box 765
Quapaw, OK 74363

2020

NON-TRIBAL CUSTODIAL PARENT FORM

(This form must be completed by custodial parent if your utility bill is not in custodial parent’s name)

Name of Tribal Member: _____

Name of Custodial Parent/Guardian _____

Name of person on bill _____

Relationship to tribal member: _____

How long have you lived at this address? _____

Custodial parent **must bring in a copy of your Valid State Issued Photo ID**, with current physical address to verify proof of residency at the billing address on the utility bills. This form needs to be updated at the beginning of each funding cycle.

Custodial parents must provide the Social Services department with a copy of their **Valid State Issued Photo ID** and **legal documentation** showing the nontribal parent or guardian has custody of minor child. **(See utility guidelines)**.

By signing this form, I declare that the information above is true and I understand any false information is grounds for penalty by law.

(Custodial Parent’s Signature) (Contact Phone Number)

Please submit this form to the following address:

Quapaw Nation
Attention: Social Services Department
P.O. Box 765
Quapaw, OK 74363

**2020
SPOUSE FORM**

(This form must be signed by spouse)

Name of Tribal Member: _____

Name of Spouse: _____

How long have you lived at this address? _____

If the utility bill is ***not*** in your name but it's in your spouses, you must bring in ***a copy of your Valid State issued Photo ID*** with your current physical address to verify proof of residency at the billing address. ***(Once we have this form on file you will not need to submit one each funding cycle unless there are changes in your information.)***

By signing this form, I declare that the information above is true and correct. I understand any false information is grounds for penalty by law.

(Spouse's Signature)

(Contact Phone Number)

Please submit this information to the following address:

Quapaw Nation
Attention: Social Services Department
P.O. Box 765
Quapaw, OK 74363

AFFIDAVIT

The Quapaw Nation considers the age of 18 as an adult, therefore requiring each adult tribal member to sign for their own Social Services Application. I am over the age of 18 and wish to appoint the undersigned as an authorized party in the regards to the Quapaw Nation Social Services program.

I, _____ hereby give the undersigned person permission to inquire about my benefits and to fill out my Social Services application for. I hereby understand that this form is valid until revoked by tribal member.

Signature of authorized person

Date

(Please PRINT name of authorized person)

Signature of Tribal Member

Date

(Please PRINT name of Tribal Member)

This document was signed and dated before me on _____ of _____ 20_____

Signature of Notary Public

Date

My Number is _____

Expires on _____

QUAPAW NATION
P.O. 765 * Quapaw, OK 74363

Change of Address Request Form

THIS CHANGES ADDRESSES IN SOCIAL SERVICES-TAGS & ENROLLMENT

First Name Middle Last Name

(Please list any other names you have used above)

❖ PLEASE PRINT all information except signature at bottom

ADDRESS: _____

ROLL # _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

PHONE # _____

(Please list additional tribal members living in the household that you would like to change as well)

Roll # _____ Name _____ Roll# _____ Name _____

Roll # _____ Name _____ Roll # _____ Name _____

Please include me on the list for the tribal newsletter

Signature

Date