

SOCIAL SERVICES APPLICATION FOR 18-YEAR-OLD MONEY



ALL SERVICE PROGRAMS ARE BASED ON AVAILABLE FUNDING. ALL DOCUMENTATION
MUST BE RECEIVED BY THE SOCIAL SERVICES DEPT. FOR AN APPLICATION TO BE
COMPLETED IN A TIMELY MANNER.

TRIBAL MEMBERS NAME: _____ D.O.B. _____

ENROLLMENT NO: _____

BAND AFFILIATION: _____

MAILING ADDRESS: _____

CITY

STATE

ZIP CODE

PHONE NO: _____ EMAIL: _____

PICK UP: _____ MAIL: _____

TRIBAL MEMBERS SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY:

APPLICATION DATE: _____

REQUISITION NO: _____

APPROVED AMOUNT: _____

SOURCE OF FUNDS: _____

APPROVAL DATE: _____

DATE PROCESSED BY SS DEPT: _____
