

# SOCIAL SERVICES APPLICATION FOR TNAP 2023/2024

ALL PROGRAM SERVICES ARE BASED ON AVAILABLE FUNDING. CONTACT SOCIAL SERVICES WORKER FOR PROGRAM BENEFITS. KEEP CONTACT NUMBERS UPDATED WITH SOCIAL SERVICES DEPT.



## COMPLETE APPLICATION, SIGN AND DATE

FIRST NAME	MIDDLE NAME	LAST NAME

PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE

PHONE NO.	ENROLL. NO.	SOCIAL SECURITY NO.
BIRTH DATE	2 <sup>ND</sup> CONTACT PERSON	2 <sup>ND</sup> CONTACT PHONE NO.

**LIST ALL HOUSEHOLD MEMBERS:**

LAST NAME	FIRST NAME	ENROLL. NO.	BIRTHDATE	RELATIONSHIP

**ASSISTANCE TYPE:**

     **FOOD CARD** (PLEASE NUMBER FROM 1-4 IN ORDER OF PREFERANCE 1 BEING MOST PREFERABLE, PLACE A 0 IF STORE IS NOT IN YOUR AREA)

     HOLIDAY MARKET         SAFEWAY STORES         WINCO         FOODMAXX

     **FOOD PANTRY**

*Food pantry will be available for tribal members. This will be available only at the Burney Tribal Office. Amount of food received will be dependent on number of tribal family members within the home. Amounts given also may vary between visits as food storage grows/lessens. Times the pantry will be open will be posted the first week of every month.*

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**I CERTIFY BY SIGNING THIS APPLICATION THAT ALL INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. ANY FRADULANT OR FALSE STATEMENTS IS GROUNDS FOR SUSPENSION OF SERVICES AND REPAYMENT OF FUNDS BACK TO THE PROGRAM.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I CERTIFY THAT ONLY FOOD ITEMS WILL BE PURCHASED WITH ANY GIFT CARDS RECIEVED**

Initials \_\_\_\_\_

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**Social Services Contact Information**

36970 Park Ave

Burney CA, 96013

(530) 335-5421

Ext. 2013 & 2015

Fax : (530) 335-6340

[Ssintake2@pitrivertribe.gov](mailto:Ssintake2@pitrivertribe.gov) & [ssintake1@pitrivertribe.gov](mailto:ssintake1@pitrivertribe.gov)

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**FOR OFFICE USE ONLY :**

Date Submitted : \_\_\_\_\_

Date Rec Food Card :

Worker Initials : \_\_\_\_\_

\_\_\_\_\_

Date Food Picked Up:

Amt Eligible : \_\_\_\_\_

Feb \_\_\_\_\_ March \_\_\_\_\_ April \_\_\_\_\_ May \_\_\_\_\_ June \_\_\_\_\_