

SOCIAL SERVICES APPLICATION FOR TNAP 2024/2025



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

CALIFORNIA RESIDENTS ONLY.

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 ND CONTACT PERSON	2 ND CONTACT PHONE NO.

LIST ALL HOUSEHOLD MEMBERS:

PLEASE CLARIFY IF HOUSEHOLD MEMBERS ARE ENROLLED

LAST NAME	FIRST NAME	ENROLL. NO.	BIRTHDATE	RELATIONSHIP

ASSISTANCE TYPE:

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

___ HOLIDAY MARKET ___ SAFEWAY STORES ___ WINCO ___ FOODMAXX

*Households with only ONE enrolled tribal member are eligible for a maximum of \$200 in \$100 increments. Households with MORE THAN ONE enrolled tribal members are eligible for a maximum of \$400 in \$200 increments. Households must wait a period of 90 days in between receiving cards. Must call and request food cards, they **WILL NOT** be sent automatically.*

*Food pantry will be available per TNAP Application. Food Pantry will be at the Burney Tribal Office and possibly XL location. One bag available per application/household. Amount of food varies. Times the pantry will be open will be posted the beginning of every month. Exceptions will **ONLY** be made for eligible elders.*

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 _____

Social Services Contact Information

36970 Park Ave

Burney CA, 96013

(530) 335-5421 Ext. 2013 & 2015

Fax : (530) 335-6340

ssintake2@pitrivertribe.gov & ssintake1@pitrivertribe.gov

OFFICE USE ONLY :

Date Submitted : _____ Worker Initials : _____ Amt Eligible : _____