



**BEAR RIVER BAND of ROHNERVILLE RANCHERIA**  
266 KEISNER RD LOLETA, CA 95551-9707 PHONE 707-733-1900 FAX 707-733-7972

## Bear River Band of the Rohnerville Rancheria Service Request Form

### Parent/Guardian Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Type of Supportive Service Requested:

- |   |  |
|---|--|
| <input type="checkbox"/> LIHEAP-Supplemental Funds-6100-055   | <input type="checkbox"/> Christmas Food Box/Card- 6420-055                     |
| <input type="checkbox"/> Elders Clothing - 6240-055           | <input type="checkbox"/> Work Clothing- 6240-055                               |
| <input type="checkbox"/> Infant Clothing- 6240-055            | <input type="checkbox"/> Household Assistance- 6260-055                        |
| <input type="checkbox"/> Elder Assistance (Barry approval)069 | <input type="checkbox"/> Utility Assistance (Loan)-1280                        |
| <input type="checkbox"/> Elder Utility Assistance- 6100-069   | <input type="checkbox"/> Thanksgiving Food Box -6420-055                       |
| <input type="checkbox"/> School Clothing-6240-055             | <input type="checkbox"/> Back to School Backpacks-6110-055                     |
| <input type="checkbox"/> Youth Work Clothing- 6240-055        | <input type="checkbox"/> Dental Assistance 6250-055: <b>Adult</b> <b>Minor</b> |
| <input type="checkbox"/> Food Care Assistance (Loan)-1280     | <input type="checkbox"/> Sports & Recreation- 6940-055 _____                   |

I understand that my food assistance will be applied as a loan to me; \_\_\_\_\_

Please write any additional information we might need to process your request:

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Child Information (If the Child is the Beneficiary)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment#: \_\_\_\_\_

Submit All Signed Applications in person to Elizabeth Varelas, Social Services Assistant or as a scan via email to [elizabethvarelas@brb-nsn.gov](mailto:elizabethvarelas@brb-nsn.gov) or as a via fax to (707) 733-1723 or as via regular US Postal Service Mail to the Bear River Social Services Department in the Tish Non Community Center at 266 Keisner Road Loleta, CA 95551-9707.

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 in which I am participating or eligible.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Parent/Guardian or Applicant Signature

\_\_\_\_\_  
Date: \_\_\_\_\_  
Social Services Program Coordinator Signature

**Program Coordinator Use Only**

In compliance: Y\_\_N\_\_      W-9 on file (if applicable): Y\_\_N\_\_      Verification complete: Y\_\_N\_\_

Payment to type: SSDC: \_\_\_\_\_ Vendor/Applicant: \_\_\_\_\_      Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Payment to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_