



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

Member/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 - 6940-055 | <input type="checkbox"/> Work Clothing- 6240-055 |
| <input type="checkbox"/> Infant Clothing- 6240-055 | <input type="checkbox"/> Household Assistance- 6260-055 |
| <input type="checkbox"/> Food Care Assistance (Loan)-1280 | <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 Backpacks6110-055 |
| <input type="checkbox"/> Sports & Recreation- 6940-055: _____ | |

Please explain why you are requesting this supportive services:

Child Information (If the Child is the Beneficiary)

Name: _____ DOB: _____ Enrollment#: _____

Submit All Signed Applications in person to Elizabeth Varelas, Social Services Program Coordinator or as a scan via email to 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 type: SSDC: ____ Vendor/Applicant: _____ Date: _____ Amount: _____
Payment to: _____ Address: _____