



BEAR RIVER BAND of ROHNERVILLE RANCHERIA

266 KEISNER RD LOLETA, CA 95551-9707 PHONE 707-733-1900 FAX 707-733-1723

Benefit Request Form

Applicant/Guardian Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Enrollment Number: _____ DOB: _____

Email Address: _____

Type of Benefit Service Requested:

- Infant Clothing- 6240-055
- School Clothing-6240-055
- Youth Work Clothing- 6240-055
- Work Clothing- 6240-055
- Disabled Adult Clothing Assistance
- Elders Clothing - 6240-055
- Sports & Recreation- 6940-055
- Elder and Disabled Adult AR Program (**Loan**)
- Food Care Assistance (**Loan**)-1210
- Dental Assistance 6250-055: **Adult Minor**
- Household Assistance- 6260-055
- Elder Utility Assistance 6100-069
- Funeral Assistance 6960-055
- Thanksgiving Food Box -6420-055
- Christmas Food Box/Card- 6420-055
- Other Services _____
- Elder Assistance 6500-069
- Utility Assistance (**Loan**)-1210

I understand that my assistance will be applied as a loan to me (signature required for loan programs): _____

Benefit Applications (including food cards) will be processed in 3-7 days. Benefit Application must be fully complete in order to be processed. If your Benefit Application is denied, you will receive a denial letter in the mail within 10 days. Bear River Social Services cannot expedite the processing of Benefit Applications, but if you have a need that requires immediate assistance, please call (707) 733-1900 and press 2 for Social Services.

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

Child Information (If the child is the beneficiary). **Must be fully complete for request to be processed.**

Name: _____ DOB: _____ Enrollment#: _____

Name: _____ DOB: _____ Enrollment#: _____

Name: _____ DOB: _____ Enrollment#: _____

Name: _____ DOB: _____ Enrollment#: _____

Name: _____ DOB: _____ Enrollment#: _____

Submit all signed applications in person to Social Services office or fax to (707) 875-7229 or (707) 733-1723, via e-mail to Benefits@brb-nsn.gov or by regular US Postal Service Mail to the Bear River Benefit Coordinator at 266 Keisner Rd. Loleta, CA 95551-9707. Questions: please call 707-733-1900 and ask to be transferred to Benefit Coordinator.

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.

Applicant/Guardian Signature

Date: _____

Authorized Representative Signature

Date: _____

OFFICE USE ONLY

In compliance: Y__N__	Verification complete: Y__N__	Last Received: _____
Type of payment: SSDC: _____	Vendor/Applicant: _____	A/P Food card: _____
Payment to: _____	Amount: \$ _____	