



BEAR RIVER BAND of ROHNERVILLE RANCHERIA

266 KEISNER RD LOLETA, CA 95551-9707 PHONE 707-733-1900 FAX 707-733-1727

Benefits Application

(PLEASE FILL OUT ONE APPLICATION PER BENEFIT REQUEST)

Applicant/Guardian Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Enrollment Number: _____ DOB: _____

Email Address: _____

Type of Benefit Service Requested:

Clothing Assistance- 6240-055:

- Infant School
- Youth Work Elder
- Adult Work Disabled Adult

Sports & Recreation- 6425-055:

- Adult Minor
- Elder Utility Assistance 6100-069
- Elder Assistance 6250-069
- Elder Medical assistance 6250-069
- Food Care Assistance (Loan)-1210 _____

Dental Assistance- 6250-055:

- Adult Minor
- Household Assistance- 6261-055
- Funeral Assistance 6960-055
- Christmas Food Box/Card- 6950-055
- Thanksgiving Food Box -6950-055
- LIHEAP-Supplement Fund 6100-055
- Out of the Area Medical Asst 6120-055

I understand that my assistance will be applied as a loan to me

Benefit Applications (including food cards) will be **processed within 3-7 days**. Benefit Applications 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 nor process Benefit Applications.***

Please explain the requested assistance and provide any additional information we might need to process your request:

Child Information (If the child is the beneficiary) must be fully completed.

Name: _____ DOB: _____ Enrollment#: _____

Name: _____ DOB: _____ Enrollment#: _____

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Submit all signed applications in person to the Tish Non building Receptionist or fax to or **(707) 733-1727** attn: Tribal Benefits Coordinator, via e-mail to benefits@brb-nsn.gov or by regular US Postal Service Mail to the Bear River Tribal Benefits Coordinator at 266 Keisner Road Loleta, CA 95551-9707. Questions: Please call 707-733-1900 and ask for the Bear River Tribal Benefits 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.

_____ Date: _____
Applicant/Guardian Signature

_____ Date: _____
Authorized Representative Signature

OFFICE USE ONLY

Type of payment: _____

BR card #: _____ Vendor/Applicant: _____ A/P Food card _____

Payment to: _____

_____ **Amount:\$** _____
