**The Petersburg Indian Association**

**Emergency Food Voucher**

This voucher is designed to assist tribal members in this time of need. This is a **one-time** voucher coming from a limited about of funds.

**Eligibility:**

* Applicant and all dependents must be enrolled in Petersburg Indian Association.
* Must reside in the city or borough of Petersburg.
* Elderly (60+) and families with children will receive priority in receiving a voucher.

**Guidelines:**

* Only the voucher recipient can use the voucher.
* Voucher must be used in one visit/delivery.
* Only ONE adult per household may apply.
* No tobacco products or junk food.
* Other PIA policies may apply.

**FOOD VOUCHER APPLICATION FORM:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_\_**

**First Last**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE: \_\_\_\_\_\_\_ GENDER: \_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MARITAL STATUS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL NUMBER OF PERSONS IN HOUSEHOLD \_\_\_\_\_\_\_\_\_**

**NUMBER OF ADULTS (18+) \_\_\_ CHILDREN \_\_\_ FEMALE \_\_\_ MALE \_\_\_ OTHER\_\_\_\_**

**MONTHLY HOUSEHOLD INCOME:**

**Please provide any additional information you would like us to know.**