

FORT BELKNAP INDIAN COMMUNITY

GENERAL REQUEST FORM

CENTRAL ADMINISTRATION
656 AGENCY MAIN
HARLEM, M T 59526



CENTRAL PHONES
406.353.8305
406.353.8309
FAX: 406.353.4541

RECORDS MANAGEMENT

Please be aware that we are not able to assist you if you are eligible for other programs. (e.g. If you are getting transported by CHRs or Public Health Nursing, we cannot assist with the cost of fuel for you to drive to your appointment, and we cannot assist you if you are getting help through Medicaid or any other program).

BASIC INFORMATION:

(PLEASE FILL OUT TO THE BEST OF YOUR KNOWLEDGE & SKIP QUESTIONS IF THEY DO NOT APPLY TO YOU)

**the name should be of the person who will be receiving the assistance, if approved.*

LAST _____ FIRST _____

MIDDLE _____ DOB _____

ENROLLMENT NUMBER: _____ (non-enrolled members are NOT eligible for assistance)

MARITAL STATUS _____ NUMBER OF CHILDREN UNDER AGE _____

SIGNIFICANT OTHERS FIRST AND LAST NAME _____

RESIDENCE

STREET _____ CITY _____ STATE _____

ZIP CODE _____

PHONE NUMBER (HOME/CELL) _____

APPLICANT QUESTIONNAIRE

ARE YOU CURRENTLY EMPLOYED? (YES _____ NO _____) ARE YOU MEDICAID/MEDICARE ELIGIBLE? (YES _____ NO _____)

IS YOUR SPOUSE EMPLOYED? (YES _____ NO _____) IS YOUR SPOUSE MEDICAID/MEDICARE ELIGIBLE? (YES _____ NO _____)

IF YES; WHO IS YOU OR YOUR SPOUSES CURRENT EMPLOYER? _____

IF YOU ARE CURRENTLY UNEMPLOYED, CIRCLE ANY/ALL ASSISTANCE YOU RECEIVE FROM FOLLOWING PROGRAMS:

GENERAL ASSISTANCE FOOD STAMPS SOCIAL SECURITY SUPPLEMENTAL SECURITY INCOME (SSI)
CHILD SUPPORT UNEMPLOYMENT TANF/477 OTHER INCOME _____

HAVE YOU EVER RECEIVED ASSISTANCE FROM US BEFORE? YES _____ NO _____

IF YES, PLEASE LIST THE DATE OF LAST ASSISTANCE RECEIVED? _____

Please be VERY specific explaining what you need financial assistance for (ex. Fuel, Meals, Lodging, ect.) if you will be traveling.

PLEASE INCLUDE THE DESTINATION.

PLEASE SUBMIT ALL MEDICAL REQUEST WITH APPOINTMENT SLIPS AT LEAST ONE WEEK IN ADVANCE.

BY FILLING OUT THIS REQUEST IT DOES NOT GUARANTEE IT WILL BE APPROVED; BUT ALL APPLICATIONS WILL BE REVIEWED AND DECIDED ON BASED ON THE CIRCUMSTANCES AND BY PRIOR SERVICES PROVIDED.

SIGNATURE: _____ DATE: _____

PLEASE ATTACH ANY DOCUMENTATION WITH REQUEST FORM

CENTRAL ADMINISTRATION STAFF IS NOT RESPONSIBLE FOR OBTAINING OR INQUIRING ABOUT ANY AND ALL APPOINTMENT SLIPS AND YOU WILL NOT RECEIVE ASSISTANCE WITHOUT SUBMITTING AN APPOINTMENT SLIP IN ADVANCE OF YOUR APPOINTMENT.

Office Use Only:		
ELDER	EMERGENCY	MEDICAL
Approved or Denied:		
Amount:		
-		