



## COYOTE VALLEY BAND OF POMO INDIANS GENERAL ASSISTANCE APPLICATION

CHECK ALL THAT APPLY:

GENERAL ASSISTANCE - 18 years & up

ELDER ASSISTANCE - 55 years & up

Fill in the information required below on the application and submit to the Coyote Valley Health and Human Services Department no later than 10 calendar days before than the *distribution date*\* designated by the General/Elder Assistance Program Policies. Tribal Members shall only be required to complete the application process one time. Benefits are Assets of the Tribe Until Distributed. The Tribal Council, through its annual budgeting process, or by resolution or by motion, shall designate those funding sources that are available for the payment of Benefits as part of this Program. No Tribal Member shall have an interest in or right to any funds budgeted for or set aside for Benefit payments until actually paid.

*Adult Tribal Members must notify the Tribe if their mailing address and other contact information changes. The Tribe will update the Tribal Member's address within the Tribe's records system for all purposes based on the address provided on this application or based on an updated address provided by the Adult Tribal Member.*

\_\_\_\_\_  
APPLICANT NAME

(        )  
\_\_\_\_\_  
CONTACT NUMBER

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE ZIP CODE

\_\_\_\_\_  
EMAIL ADDRESS

I have read and understand the General and/or Elder Assistance Program Policies and acknowledge that by receiving this stipend that I must follow the applicable policy's guidelines and restrictions. I further declare, under penalty of perjury that the stipend I receive under this policy will only be used for the authorized uses listed in Section IV of the applicable General/Elder Assistance Program Policy. With my signature below I hereby pledge my Per Capita Payment(s) and Non-Gaming Payments as security owed to the Tribe which may be garnished as reimbursement for stipend funds if the Tribal Council discovers that the funds have been misused.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

<i>INTERNAL USE ONLY:</i>	<b>APPLICATION APPROVAL</b>
_____ AUTHORIZED PERSONNEL SIGNATURE	_____ DATE

\*Distribution Date is the third (3rd) Thursday or the 20th of each calendar month, which ever date occurs sooner.