



Tribal TANF Office
P.O. Box 459
North Fork, CA 93643

Telephone (559) 877-2027
Facsimile (559) 877-2153
Toll-Free (877) 637-8263

SUPPORTIVE SERVICES REQUEST

Submission of a Supportive Services Request is not a guarantee of approval; NFTT has 10 working days after the receipt of a completed Supportive Services Request, with all needed documentation attached, to approve or disapprove a request for supportive service. Submitting a request is not a guarantee that a check will be issued in the following week. Failure to supply all needed documentation will further delay the verification processing. If prior to receipt of an approval letter, client approves a service or incurs a debt, the client is obligated to pay it, not NFTT.

Client Name: _____ Phone: () _____

Physical Address: _____
House #, Street Name City Zip

Have you exhausted all available community resources? Yes No
If yes, what agencies did you contacted in regards to your request? (Notice of DENIAL must be attached)

TRIBAL: _____
Agency Name Agency Address Contact Name Phone #

COMMUNITY: _____
Agency Name Agency Address Contact Name Phone #

COMMUNITY: _____
Agency Name Agency Address Contact Name Phone #

Service requested by: Participant Parent Employer Case Manager Other: _____

I am requesting assistance with the following supportive services (ONE REQUEST PER FORM):

___ Utility Bill (CHECK ONE): Gas Water Propane Electricity

Is the utility bill a 48 hour notice? (CHECK ONE) Yes No

Is the utility bill a past due delinquent bill? (CHECK ONE): Yes No

Have you requested an extension from your utility company? (CHECK ONE): Yes No

If so, what is the expiration date of the extension? _____

___ Emergency Housing Assistance (Landlord Notice) ___ Auto Registration (Auto registration and renewal notice required)
___ Child Care ___ Education (Verification required)
___ Auto Insurance (3-Estimates required) ___ Clothing Allowance: Adult – work/school (verification required)
___ Auto Repair (3 Estimates required) ___ Other: _____

I am requesting assistance because: _____

I agree to provide all original receipts *(except child care) for amount of assistance granted to me. I will return receipts within 10 working days of receiving the assistance check and understand that failure to provide receipts may affect future supportive service requested and/or result in an overpayment and will have to be paid back to the NFTT Program.

Client Signature

Date

Staff Signature

Date