

Chehalis Tribal Social Services

P.O. Box 536 420 Howanut Road Oakville, WA 98568 ~ Phone: (360) 972-6502 Fax: (360) 273-5207

Voucher Assistance Application

Please Allow a minimum of 24 hours to process application if approved. If you are requesting gas voucher you must provide license, proof of insurance and proof of appointment. If not filled out completely the application will not be accepted.

Last Name:					First Name:				
Physical Address:									
Mailing Address:									
Phone Number				Cell			Work	Other	
Tribe Enrolled						Enrollment Number			
Type of Voucher:	Food		Clothing		Household Necessities				
	Shelter		Utilities		Other:				
Reason:	DO NOT LEAVE BLANK								
List all member in the household (beginning with yourself)									
Name			Date of Birth			Name of Enrolled Tribe			
Types of income									
TANF \$:			Child Support \$:			SSI \$:			
Food Stamps \$:			L&I \$:			GA \$:			
Social Security \$:			GAU \$:			Employment \$:			
Other \$:									
By signing below, I understand that I may only be assisted with a voucher twice per year.									
Signature:						Date			
Official Social Services Department Use ONLY									
Received by:					Date:				
Meets Requirements Under:									
ICW		APS		SPIPA	FVP	CSBG			
CSBG		Foster Care Share		Other:					
Comments:									
Voucher Number Assigned:									
Funds Used:									
Approved by:									

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