



## **ELDERS ASSISTANCE PROGRAM**

### **Eligibility for Elders Assistance:**

1. Must Be an Enrolled Tribal Elder 55 years of age or older
2. Applicant has not used Human Services/Emergency or Disability Assistance for the calendar year (Jan –Dec).
3. Assistance payment shall not exceed \$1,500.00 for the calendar year (Jan –Dec).
4. Applicant must be in good standing with the Tribe.

### **ELDERS SCOPE OF ASSISTANCE**

Utilities: PG&E, Water, Phone, Etc.

Rent/Mortgage, Property Taxes, Move in assistance, Etc.

Vehicle, vehicle repair, Registration, Etc.- Gas Card yearly max amount \$200.00.

Home repairs, appliances, Etc.

Medical, Prescriptions, Glasses, Etc.

Emergency Food –Not to exceed yearly max amount of \$400.00 and you must turn in receipts.

And Any other Emergency Requests approved by Program Manager.

### **Documentation:**

For all requested emergency items, we need quotes attached in order to make payment. If the documentation is not attached, we will not be able to process your assistance.

Also, please complete vendor form with Name, Address and amount owed to each vendor.



**ENTERPRISE RANCHERIA**  
2133 Monte Vista Ave.  
Oroville, CA 95966  
Phone: (530) 532-9214 Fax: (530) 532-1768

**ELDERS ASSISTANCE APPLICATION**

NAME: \_\_\_\_\_ DOB. \_\_\_\_\_

SPOUSE: \_\_\_\_\_ DOB.: \_\_\_\_\_

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

PHONE #: \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS:**

	<b>NAME</b>	<b>DATE OF BIRTH</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**PLEASE DESCRIBE WHAT YOU'RE REQUESTING:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please state vendor information below:**

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor City, State & Zip: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor City, State & Zip: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor City, State & Zip: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor City, State & Zip: \_\_\_\_\_

Amount Due: \_\_\_\_\_

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For office use only: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Tribal Administrator: \_\_\_\_\_ Date: \_\_\_\_\_