



Enterprise Rancheria

Estom Yumeka Maidu Tribe

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ENTERPRISE RANCHERIA FOOD VOUCHER PROGRAM

The amount of assistance is \$150.00 for households with No children under 18 years of age and \$300.00 for households with children under 18 years of age.

Head of Household: _____

Spouse: _____

Address: _____

Phone: _____

Other Household Members:

| | Name | Relationship | Age |
|----|-------|--------------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ |

I understand if I do not turn in all my grocery receipts within 30 days, I will be placed on the bad standing list for the tribe and the amount of assistance will be taken out of any payments I receive from the tribe or until it is paid in full. _____ (please initial)

Signature of Applicant

Date