



DISABILITY ASSISTANCE PROGRAM

Eligibility for Disability Assistance:

1. Must Be an Enrolled Tribal Member 18 years of age or older
2. Applicant has not used Human Services/Emergency Asst. or Elders 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.

DISABILITY 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:

Need proof of disability.

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

DISABILITY ASSISTANCE APPLICATION

NAME: _____ DOB. _____

SPOUSE: _____ DOB.: _____

MAILING ADDRESS: _____

PHONE #: _____

OTHER HOUSEHOLD MEMBERS:

	NAME	DATE OF BIRTH
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: _____

For office use only: Approved _____ Denied _____

Program Manager: _____ Date: _____

Tribal Administrator: _____ Date: _____