



**SOUTHERN UTE INDIAN TRIBE  
EMERGENCY FAMILY SERVICES DIVISION  
EMERGENCY GRANT FUND APPLICATION**

Revised: 10/1/2014

Applicant's Name: \_\_\_\_\_ Census #: \_\_\_\_\_  
(Last Name) (First Name)

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(In case we need to notify you.)

Residence Address: \_\_\_\_\_

Groceries Ignacio The Grocery Store Food Commodities  
Off-Reservation/Tribal Member living off the Southern Ute Reservation  
ACH Pick up Check Mail

Assistance Requests (attach current bills)

\_\_\_\_\_ Amount: \_\_\_\_\_  
\_\_\_\_\_ Total: \_\_\_\_\_

Please list the reason(s) why you are requesting assistance. (Very Important)

I certify that the information I have given above is true and correct to the best of my knowledge. If I willfully provide any information that is not correct, I understand that the application process may be delayed. I hereby authorize third parties to release information to Emergency Family Services to verify information contained on my application for assistance.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_