



EMERGENCY FAMILY SERVICES PROGRAM

The Southern Ute Tribal Emergency Family Services Emergency (EFS) Program provides assistance to enrolled Southern Ute Indian Tribal Members to help overcome an emergency or other circumstances that pose an imminent threat to their health and safety.

PRINT CLEARLY

Applicant's Name: _____ Census #: _____
First Last
 Mailing Address: _____ Phone #: _____
 Residence Address: _____

FOOD VOUCHERS

LIVE ON THE RESERVATION?

FARMERS FRESH

THE GROCERY STORE

LIVE OFF THE RESERVATION? Get a food voucher by check or direct deposit. Deadline for request is Monday's no later than 3:00pm.

*DIRECT DEPOSIT

PICK UP CHECK

MAIL CHECK

**If direct deposit, the following information is required by the finance department for every direct deposit request.*

FINANCIAL INSTITUTION: _____

ADDRESS: _____

ROUTING # (9 digit number found at bottom of check): _____

ACCOUNT #: _____ CHECKING SAVINGS

ASSISTANCE REQUESTS

Important information. If you are paying a bill, please attach the bill to this application. We will not be responsible for payments on bills that are not attached or for late payments that result in disconnects.

_____ AMOUNT \$ _____

_____ AMOUNT \$ _____

_____ AMOUNT \$ _____

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's Signature: _____ Date: _____

Return application to:

Lucille "Alice" Red, Program Coordinator

PO Box 737, Ignacio, CO 81137

Phone: 970-563-4718

Fax: 970-563-4820

Email: lured@southernute-nsn.gov

Total amount requesting: \$ _____ Date/Time Recv: _____ Req# _____

Amount available: \$ _____ Empl. Name: _____ PCard Name: _____

Authorizing signature: _____ Date: _____