



# 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 INSITUION: \_\_\_\_\_

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:

Velma Armijo, Program Coordinator  
 PO Box 737, Ignacio, CO 81137

Phone: 970-563-2329      Fax: 970-563-4820      Email: efs@southernute-nsn.gov

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

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

Authorizing signature: \_\_\_\_\_ Date: \_\_\_\_\_