



FAMILY SERVICES GENERAL WELFARE PROGRAM

The Southern Ute Tribal Family Services General Welfare (FSGW) Program provides assistance to eligible Southern Ute Indian Tribal Members who are experiencing a hardship or substantial need.

PRINT CLEARLY

Applicant's Name: _____ **Census #:** _____
First Last

Mailing Address: _____ **Phone #:** _____

Residence Address: _____

FOOD VOUCHERS

LIVE ON THE RESERVATION? FARMERS FRESH

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 hereby certify that the information provided above is true, accurate and complete to the best of my knowledge. I understand that any willful misrepresentation or false information may result in suspension of program benefits. I authorize third parties to release information to Family Services General Welfare for verifying the information contained in this 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: fsgw@southernute-nsn.gov

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

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

Authorizing signature: _____ Date: _____