



OFFICE OF COUNCILWOMAN MONICA MAYER, M. D.

NORTH SEGMENT OFFICE

FINANCIAL ASSISTANCE APPLICATION



Funeral and Non-Elder appointments are processed by the Grants & Donations Office

Please be advised Financial Assistance will be limited to the following TWO categories: Funeral Assistance and Medical, due to budgetary constraints until further notice.

Documentation & Identification is required for ALL requests, NO EXCEPTIONS!!

Funeral Assistance (Name of Deceased): _____

Relationship to Deceased: _____

Medical: _____

Elders (age 60+): _____

Sponsorship (Budget must be attached): _____

Other (Please be specific): _____

Dollar amount requesting: \$ _____

Initial Here:

_____ - **Up to, but not guaranteed,** \$500.00 per fiscal year FY18 (Oct. 1, 2018 – Sept. 30, 2019)

_____ - **The information you provided is true and to the best of your knowledge. Any false information submitted may be considered fraud and will jeopardize any future tribal benefits/assistance.**

FULL LEGAL NAME:

First: _____ Middle: _____ Last: _____ (Jr., Sr.)

Physical Address: _____ Mailing Address: _____

Segment: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Enrollment #: 301U- _____ DOB: _____

Signature: _____ Date: _____

OFFICE USE ONLY:

Date Received: _____ N.S. Staff: _____

North Segment

Enrolled

FY19

Denied: _____ Referral: _____

Approved Amount: _____ Make Check Payable to: _____

Monica Mayer, M.D.

Tribal Councilwoman

North Segment

Signature: _____ Date: _____

