

## FAMILY SUPPORT SERVICES Restore & Strengthen Native American Families



## Family Support Services Application & Eligibility

73 Kaiser Wilnoty Road PHONE: 828-359-6092 PO Box 666 PAY: 828-359-6092

Cherokee, NC 28719

FAX: 828-359-0417 UPDATED 9/26/2022

**Authorized Use Only** 

	Date submitted					
Christmas Check	Reviewed by: Denied by: Appr			oved by:		
for Disabled	Eligible <u>Re</u>	ason for denial:				
EBCI members	Ineligible <u>Se</u>	rvice Approved:				
	<u>Am</u>	nount Approved: \$				
Name of Disabled EBCI Member						
Last	First	Middle	DOB	EBCI Enrollr	ment No.	Social Security #
Physical Address	City	!	State	Zip Code		Home Phone #
Mailing Address	City	!	State	Zip Code	Zip Code Cell Phone #	
Name of Parent/Guard		AA* 1 II			l sı	# *C 1*CC 4 11 4 1* 4
Last	First	Middle			Pnone i	# if different than Applicant
Required Documentati	ion					
Enrollment Card	1011					
Copy of current Disability Documentation						
Completed Application						
W9						
If you are an adult completing this application for a minor, please submit a W-9 for yourself and the minor child.						
EVI						

## FYI

- 1.) The deadline for this application is December 1st at  $4:30\ PM$
- 2.) No applications will be accepted after this Date and Time