



# UTE MOUNTAIN UTE TRIBE

P.O. Box 248 • Towaoc, CO 81334-0248  
Phone: (970) 565-3751 ext. 696 or 697 • Fax: (970) 564-5639

## FAMILY PLAN ASSISTANCE APPROVAL/DENIAL APPLICATION

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Census #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date Turned 18: \_\_\_\_\_

Current Balance Of Family Assistance: \$ \_\_\_\_\_

Family Assistance Amount Requested: \$ \_\_\_\_\_

Remaining Balance: \$ \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
F/P Signature

\_\_\_\_\_  
Date

( ) APPROVED ( ) DENIED

Reason for denial: \_\_\_\_\_

\_\_\_\_\_  
F/P Signature

**NOTICE: IF YOU LIVE OUT OF TOWAOC AREA OR OUT OF STATE THIS FORM MUST BE NOTARIZED!!!**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_

Witness My Hand And Official Seal

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_