



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 _____