

Black Mesa Chapter

Medical Assistance Check-off Form

Bring in:

- Assistance Application Request Form
- Letter Requesting Assistance
- Copy of Appointment slip
- Copy of Social Security Card
- Copy of Black Mesa Chapter Voters
Registration

NOTE: Please bring in all required documents to application or application will not be accepted until all documents are attached and completed.

Black Mesa (kits'iili) Chapter

P.O. Box 189
Pinon, AZ 86510
Telephone# (928) 675-0009

Assistance Application Request From

Date: _____

Name: _____

Social Security No: _____

Address: _____

_____ Census No: _____

Phone#: _____

Purpose of Request: _____

Eligibility Criteria:

1. () Requesting individual must be currently registered with the Black Mesa (kits'iili) Chapter.
2. () Form Must be completed & submitted to the Chapter Administration Office.
3. () Supporting documents such as letters, invoice, itemized expense report, etc. must be attached.
4. () Financial assistance request shall be approved depending on availability of funds.

By signing this document you agreeing that you have completed your application completely and that you are responsible for bring back your receipt(s) to Black Mesa (kits'iili) Chapter.

Signature of Applicant

Date

↓↓↓ OFFICE USE ONLY ↓↓↓

REQUESTED BY:

Accounts Maintenance Spec.

Date

APPROVED BY:

Community Service Coord.

Date

CONCURRED BY:

Chapter Official

Date

() APPROVED

() DISAPPROVED