



# Red Mesa Chapter

## Red Mesa, Navajo Nation, Utah



### ASSISTANCE APPLICATION

#### GENERAL

- ☐ Food Purchase for Funeral Reception  
☐ Veteran Medical Travel *(need approved Travel Authorization)*  
☐ Septic Service

#### EMERGENCY

- (Emergency Planning or Declarations of the State of Emergency)  
☐ Wood ☐ Wood Burning Pellets  
☐ Propane

Name of Applicant: \_\_\_\_\_ Chapter Affiliated: \_\_\_\_\_  
Name of Applicants' Spouse: \_\_\_\_\_ Chapter Affiliated: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Google Plus Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ 2<sup>nd</sup> Phone No.: \_\_\_\_\_

Household Size: \_\_\_\_\_

List ALL household members currently living with you i.e. children, relatives, etc.

Name (First, Last Name)	Relationship to Applicant	Census #	Date of Birth	Source of Income	Monthly Income
	SELF				
	SPOUSE				

Reason for assistance request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or anyone in your household applied for any type of assistance with Red Mesa Chapter?

☐ Yes ☐ No

\*If yes, Who? \_\_\_\_\_

What type of assistance? \_\_\_\_\_ When?: \_\_\_\_\_

#### FOOD PURCHASE FOR FUNERAL RECEPTION

If you are requesting for food purchase for funeral reception, fill out the following questions

Name of Deceased Community Member: \_\_\_\_\_

Is he/she a register voter of Red Mesa Chapter? ☐ Yes ☐ No

Date of funeral reception? \_\_\_\_\_

Who will be picking up food items? *(Name of relative)* \_\_\_\_\_

*\*\*Note to person picking up food items, please bring your food purchase receipt & ticket into the office.*

**VETERAN MEDICAL TRAVEL**

If you are requesting for Veteran Medical Travel, fill out the following questions

*\*\*You will need to fill out a Medical Travel Authorization Form(MTA), once the MTA is initiated & prepared by the traveler. It will be reviewed by the Chapter Community Service Coordinator for allowable travel costs prior to the travel date. When MTA is approved, then you will be given the form to log in your actual mileage and verification of appointment.*

Are you or your spouse a Veteran? ☐ Yes ☐ No

\*Service from(years) \_\_\_\_\_ to \_\_\_\_\_

Are you a widow of a Navajo Veteran? ☐ Yes ☐ No

*Please submit a copy of DD 214 Form*

Have you (veteran) applied for Veteran Medical Travel before? ☐ Yes ☐ No

\*If yes, When? \_\_\_\_\_

**SEPTIC SERVICE**

Give last date when the septic was pumped? \_\_\_\_\_

**EMERGENCY ASSISTANCE**

If you have applied for wood, propane or wood burning pellets before:

a) Was your request approved? ☐ Yes ☐ No

b) Type of assistance did you receive? \_\_\_\_\_

c) Are any members of your household physically disabled? ☐ Yes ☐ No

Name of household member: \_\_\_\_\_

Nature of disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please submit a referral from CHR or Primary Physician)

**\*\*NOTE:** All assistance awarded shall be based on availability of funds and in accordance to policies & procedures approved by the chapter. Assistance shall be limited to once per family every fiscal year. ("family" is defined as those persons related either by blood or marriage who reside in the same household) **ALL** recipients on application **MUST** be registered members of Red Mesa Chapter. Complete all section of this application, if application is incomplete it will not be process for review. Checks will be made payable directly to vendor. Thank you

*"I/We understand that my signature authorizes Red Mesa Chapter to obtain verification of any information on this application and additional information may be necessary for approval of this application. The information that I/We have provided on this application is true and complete to the best of my knowledge."*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Spouse Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**\*\*OFFICE USE ONLY\*\***

☐ Approved FUND/GL CODE: \_\_\_\_\_

☐ Denied

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Chapter Community Service Coordinator

\_\_\_\_\_  
Date