



Shingle Springs Tribal TANF Program

Supportive Service Acknowledgment

CIF# _____

Date: _____

Name _____

Address _____

City State Zip _____

I, _____, have received from Shingle Springs Tribal TANF Program the following Supportive Services today, _____,

#	Name/ Child	Month/Year	Activity/Purpose	SSR - Request	Check Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
TOTAL					\$
Date received receipts					

I agree to return all "Original Receipts" by _____, all funds received must be accounted for in receipts or my grant may be affected. Please contact me if you have any questions or require any further information.

Signature

Date

SSTTP Staff

Date

This form and receipts must be returned to your Family Advocate before any more supportive services will be approved.

PLEASE NOTE: You have the right to appeal any decision regarding your benefits within ten (10) working days from the date of this notice.