Shingle Springs Tribal TANF Program
Supportive Service Request

Adult Participant Name: _____

Please identify the type of Support Service, Emergency Assistance or NRSTB you are requesting. All requests are subject to review and approval based on program allowance, approval, and participant eligibility. If applicable, proper verification of need must be provided during the review process. You will be notified of any additional items needed to finalize your request or of any denied requests by your Family Advocate.

Support Services Please select the Support Service you are requesting. One selection per request.

☐ Employment

☐ Adult Education

☐ Youth Education

☐ Transportation

☐ Child Care

☐ Other- Youth Related Needs

☐ Youth Development Funds

☐ Seasonal Clothing (Season) _____

☐ Non-Medical Vision/Dental

☐ Other _____

Emergency – NRSTB Request Please select the type of emergency you are requesting

❑ Housing – Eviction	❑ Utility Shut-off	❑ Vehicle Repair	❑ Homelessness
❑ Other _____			

Name of Participant(s) this request is for _____

Please list specific item(s) being requested

_____

_____

Purpose - Please identify the purpose of your request.

❑ Maintain Employment	❑ Obtain Employment	❑ Prevention- Out of wedlock pregnancies
❑ Education – Leading to employment	❑ Maintain a safe home	❑ Youth Seasonal Clothing- Identified Need
❑ Identified Youth Developmental Need	❑ Prevent homelessness	❑ Other _____

Amount - Please identify the total amount you are requesting.

❑ Amount $_____	❑ Amount approved by SSTTP

I Acknowledge that this document is signed under the penalty of perjury.

_____ _____

Participant Signature Date