



LUMMI INDIAN BUSINESS COUNCIL

2665 KWINA ROAD BELLINGHAM, WASHINGTON 98226 (360) 312-2000

DEPARTMENT _____

DIRECT NO. _____

LUMMI NATION UNMET NEEDS DISTRIBUTION INTAKE FORM

This form will be used for Lummi Nation internal use only. The information contained on this form is not for distribution to any outside agency or entity.

APPLICANT INFORMATION

First Name _____ MI: ____ Last Name _____

NAME OF LEGAL GUARDIAN/PARENT (if minor):

First Name _____ MI: ____ Last Name _____

Mailing Address _____ City, State, Zip _____

Lummi Enrollment # _____ Social Security # ____-____-____ Date of Birth ____/____/____

Phone Number (____) _____ - _____ Email Address: _____

Emergency Contact Name: _____ Emergency Contact (____) _____

CERTIFICATIONS:

I am (or the minor child is) a member of Lummi Nation and I (or the minor child) meets the criteria for basic unmet needs per LIBC Resolution # 2016-180. I will use this assistance to meet those unmet needs. I affirm that I am the legal guardian of the minor child and have attached the relevant documentation regarding custody (if applicable). By my signature below and acceptance of this ONE-TIME payment, I affirm and declaration that all of the above statements are true and accurate.

Signature

Date

*All original forms must be turned into the LIBC Treasurers Office either in person or via email. For additional information please contact at the Treasurers Office at 360-312-2094. No checks or gift cards will be released until this form has been received. For minor children and in the event of a dispute, gift cards will be withheld until a certified court order identifying custodial rights is received. Any gift cards unlawfully claimed will be voided immediately and subject to prosecution. LIBC shall have no liability for

lost or stolen cards once they've been distributed. Forms can be submitted to Treasurersoffice@lummi-nsn.gov or in person at LIBC.

| <u>Accounting Use Only</u> | |
|----------------------------|-------------|
| Check | VISA Card |
| Check # _____ | Card |
| #1 _____ | Card |
| #2 _____ | |
| Staff Initials: _____ | Date: _____ |