

Phone #: (605) 964-6565

Fax#: (605) 964-6554



## **Cheyenne River Sioux Tribe**

### **Support Services**

### **Elderly Services Program**

## **ELDERLY SERVICES APPLIANCE APPLICATION**

Applicants are eligible to receive ONE (1) appliance per calendar year. The appliance is available every five (5) years from date of receipt.

### **PLEASE FILL OUT ALL FIELDS BEFORE SUBMITTING**

Applicant Name: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Have you requested for any tribal programs to assess your appliance? YES NO

If yes, what were their recommendations? \_\_\_\_\_

Please give a brief explanation (if any): \_\_\_\_\_

### **Appliance Request:**

**Refrigerator**      **Washer/Dryer**      **Furnace – Propane/Electric**

**Water Heater – Propane/Electric**      **Stove - Propane/Electric**

**\*\*Please read the following statement and if you agree, sign and date.\*\***

I understand that there are processes that must be followed, and submitting this application does not require immediate approval. I hereby authorize the Cheyenne River Sioux Tribe to obtain any necessary information to assist with my eligibility for assistance.

Applicant Signature: \_\_\_\_\_ Date of application: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date of Action: \_\_\_\_\_