

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: \_\_\_\_\_

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