



Phone/Message# _____

Community: _____

CHEYENNE RIVER SIOUX TRIBE

ELDERLY FOOD VOUCHER APPLICATION

Name: _____ DOB: _____ Age: _____

CRU#: _____

Request: FOOD VOUCHER
EB-LTM DUPREE-LTM TAKINI

I, hereby authorize the Cheyenne River Sioux Tribe to obtain any necessary information to assist my eligibility for assistance.

Applicant Signature

Date

Approval: _____

Corey Eagle Staff, Support Services Director

_____ Amount