Phone #: (605) 964-6565 Fax#: (605) 964-6554

CHEYENNE RIVER SIOUX TRIBE SUPPORT SERVICES

ELDERLY SERVICES FOOD VOUCHER/CARD

Applicant First Name: _____

Applicant Last Name: _____

Mailing Address: _____
P.O. Box, Street Address, etc

City: _____ State: _____ Zip Code: _____

Contact Phone #: _____

FOOD VOUCHER/CARD REQUEST:

EB – LTM _____ **DUPREE – LTM** _____ **TAKINI** _____

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

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

Applicant Signature: _____

Date Submitted Application: _____

Office Use Only:

Approved by: _____

CARD# _____

3 DIGITS _____

Denied by: _____

Reason: _____

Date of Action: _____

P.O. Box 590 Eagle Butte, SD 57625