

P.O. Box 910 • SELLS, ARIZONA 85634-0910 • (520) 383-2281 • FAX (520) 383-3096

WAKE ASSISTANCE

Date: _____

Name of deceased: _____

Enrollment Number of deceased: _____

Name of community deceased is registered in: _____

For deceased minors:

Name of Sells District Voter Registered parent/guardian: _____

Make check out to: _____

Address: _____

Contact telephone number: _____

Check received by: _____

(Signature of recipient)

* * * * OFFICE USE ONLY * * * *

Received by: _____ Date: _____

Title: _____

Chairperson/Vice –Chairperson: _____ Date: _____

Treasurer: _____ Date: _____

Check number: _____

Tohono O'odham Nation - General Welfare Law

APPLICATION FOR ASSISTANCE

1. Type of Assistance Requested _____

Application Date: _____

2. Person applying for assistance:

Last name		First Name		Middle Initial
Address	City	State	Zip Code	Telephone #
Mailing Address	City	State	Zip Code	

3. Tribal Enrollment Number: _____

4. Explanation of Need:

Please explain the purpose for requesting assistance. (For example, emergency home repairs due to storm damage, medical emergencies, death, divorce, casualty).

5. Have you previously applied for assistance within the past 12 months? (Nation, district, community, state, federal) Yes _____ No _____

If yes, please explain type, amount, and purpose of assistance received (or why it was denied):

- 6. A. I verify under penalty of perjury that the information provided in this application is true and correct to the best of my knowledge. I authorize verification of all information I provided, and for other agencies, departments, programs, or other individuals, as applicable, to release information needed to verify my application.
- B. I promise to provide receipts for any assistance consistent with this request and to use all funds solely for the designated program purpose.
- C. I agree to repay any assistance that is not used for the approved program purpose, or for which I do not provide required receipts. I understand that I may be denied future benefits until I repay such amounts, and that I will be subject to all other remedies provided under the GWL.

7. Applicant Signature _____

Date _____

8. Official Use Only:

For Office Use Only:

Program Name (to address requested need): _____

- Satisfied program guidelines Does not satisfy program guidelines
- Safe Harbor program Non-Safe Harbor program

Comments: _____

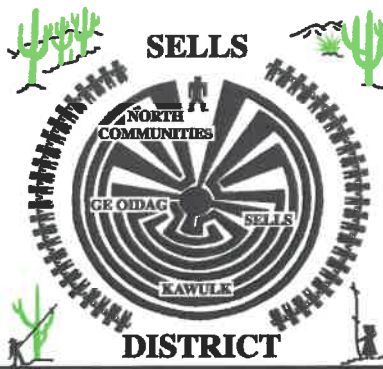
Authorized Signature: _____

Date: _____

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ASSISTANCE

1. **Type of Assistance Requested:** Provide the name of the type of assistance that the applicant is requesting.
2. **Person Applying for Assistance:** Provide the name, address, and telephone number of the person who will be signing the form. If the applicant does not have a telephone, write "none" in this space. If the Application is for burial assistance, the applicant is the deceased person. Write the words "For the benefit of" above the person's name.
3. **Applicant's Tribal Enrollment Number.**
4. **Extraordinary Need:**
Other unusual circumstances to be considered: Please identify any unusual circumstances. These may be circumstances which create a financial hardship for the applicant but do not have a specific expense associated with them.
5. Has the applicant applied for assistance with other agencies such as the Nation, the state, the federal government, their district, or their community? Check Yes or No. If the applicant checks yes, please include the type of assistance received.
6. In section 7.A., the applicant provides his or her permission for the program agency (a department of the Nation or the district) to verify information received on the application form by contacting another agency that holds that information. In section 7.B., the applicant verifies that all information in the application form is true and correct. In section 7.C., the applicant agrees to provide receipts for any purchases under the assistance distribution. If any funds are improperly spent, the applicant acknowledges that the distribution is converted to a loan, promises to repay the amount of the loan, and acknowledges all remedies provided under the GWL.
7. **Applicant "Signature" and "Date".** Applicant signs and dates the application. By signing the document the applicant authorizes the release of records by another agency, verifies that all information provided is true and correct, promises to provide receipts for any purchases under the assistance distribution, and agrees to repay the loan if any portion of the assistance distribution is converted to a loan. If the application is for burial assistance, the personal representative of the deceased should provide the signature on behalf of the deceased.
8. **For Office Use Only:** A staff person of the Nation or a district will determine whether the applicant meets or does not meet the General Welfare Law Income and Need Guidelines. .

Note: The information provided on this Application is confidential, personal information. Program staff should protect this document from unnecessary disclosure, and should limit access to it within the program office.



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Equipment Request Form

Please allow for 5 (five) business days when filling out an Equipment Request form.

EQUIPMENT IS PRIMARILY AVAILABLE FOR WAKES, ANNIVERSARIES OR COMMUNITY SPONSORED EVENTS.

Ge Oidag _____ Kawulk _____ North Communities _____ Sells _____

Canopy (20X40) _____ With Sides _____ Port-O-Johns - Regular _____ Handicap _____

Chairs _____ Tables _____ Flood Lights _____ Generator _____

Name _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Office _____ Cell _____ Message _____

Location and purpose of the equipment borrowed:

Date Borrowed _____ Date Returned _____

I _____ (borrowers name) understand any equipment vandalized, lost, misplaced, stolen or damaged during usage shall be reported to the Sells District Office in writing and cleaned up or replaced by the borrower.

Signature _____ Date _____

Sells District Administration Signature _____ Date _____

Delivery & Set-Up of Equipment

Typical deliver/pickup hours are Monday through Friday 7:30AM – 4:00PM. Delivery/Pickup before or after our typical hours of operation must be approved by District Administration. Equipment shall not be taken off reservation.

The District cannot guarantee a specific delivery/pickup time. To find out when the equipment is scheduled for delivery/pickup, please call the day before the delivery/pickup date.

For a weekend event, we may deliver as early as Friday. If you are scheduled for a Friday delivery, we may call you at the beginning of the week and move the delivery day up a day or two according to our workload and weather conditions.

Pickups that are scheduled for Monday may be pushed back to a later day due to inclement weather or other scheduling issues. Your flexibility is greatly appreciated by the District. Keep in mind that the safety of all equipment is the communities' or requestors' responsibility from the time of delivery to the time of pickup.

All delivered equipment is dropped off and set up as close to your requested area as can be reached with our delivery vehicle, according to prior submitted layout/directions sent by the community.

All items being picked up must be in the same location to where we delivered.

You will not set-up any items, tents included, unless we have received a drawing/diagram of requested placement minimum of five (5) days prior to event.

Please keep all fires and coals in a safe distance from equipment.

Requestor must provide its own toilet paper.

Returns-Final Inspection

Sells District reserves the right to levy charges for broken, missing, damaged, dirty items up to 48 hours after items have been received prior to going through final inspection.

***Sells District Administration Will Only Cover Cost for Portable Restroom Cleanout For Wakes and Funerals Only.* Communities That Utilize Portables For Community Events Must Cover Cost For Cleanout and Mileage.**

***Any Request Made By Sells District Members Of Equipment, For Celebrations Will Only Be Considered If Available And Must Cover Cost For Cleanout And Mileage.**



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PROJECT REQUEST FORM

_____ Ge Oidag (Big Fields) _____ Kawulk _____ North Communities _____ Sells _____ EDC.

Name: _____ Date: _____ Date Needed: _____

_____ Wood Haul / Pick Up Wood (No wood hauls for Sells Comm. Until further notice) _____ Water Haul (Requestor must have water container/buffalo)

_____ Repair (s): ___ Roof, ___ Door(s), ___ Window(s), ___ Electric, ___ Water heater, ___ Plumbing
The Maintenance Tech(s) will determine if they can repair or if it will need to be contracted and will note it.

Briefly explain the request for repair: _____

_____ For Wake Assistance (Only) _____ Grave Post, (Maintenance Tech's do not peel post) _____ Cactus Ribs

_____ Material / Appliance (s) pick up at: _____
(Original Receipt(s) must be attached to show proof of purchase)

Deliver to: _____
(Requestor or Designated individual must be on site to accept delivery must be 18 years old)

_____ Other services: explain: _____

Client's Signature or representative

Phone number

Approved by Community Representative

Date

By signature email (attach copy) text (attach copy)

Assigned Maintenance Technician (s):

Date

Initial (District)

Date

Maintenance Technician

Note: _____

Date

Maintenance Technician

Note: _____

Date Completed by Maintenance Technician

Signature of Client (Verifying request is complete)

Referred to Project Coordinator: Yes / No