



QUARTZ VALLEY INDIAN RESERVATION
Hardship Application

Name: _____	Voucher # _____
Address: _____	Date: ____ / ____ / ____
_____	1st Phone: ()
_____	2nd Phone: ()
	Fax # ()

Food Assistance:	Financial Assistance:	Personal Items:
Purchase Order	Must Attach Proof	Toilet Paper
Yreka Store: Raley's	Propane	Laundry Soap
Fort Jones Store: Ray's	Electricity	Dish Soap
	Kerosene	Diapers
No Alcohol	Rent	Sanitary Napkins
No Tobacco Product	Water	Toothpaste
No Hot Food	Telephone	Body Soap
No Pet Food	Wood	Shampoo/Conditioner
	Gas	Blanets
	Credit Card:	Baby Formula
	Other:	Other:

Medical Assistance:	Clothing:	Other:
Medical / Medical Items / Supplies	Underclothes	Gas/Diesel - work related
Family Emergency Hardship	Panties/Boxers	Gas/Diesel - school related
Medical Travel:	Shirts	
Lodging	Coats/Sweaters	
Food	Gloves/Hats	
Gas		
Other:	Other:	

Reason for Request: _____	Total Amount: _____
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Signature of Recipient: _____	Date: _____
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OFFICE USE ONLY: Three Committee Members Must Approve the Request		
Signature of Committee Member:	Denied or Approved	Date:
1		
2		
3		

Contact person in office: Frieda Bennett at (530) 468-5907 ext. 303

Recipient Must Sign for Request to be Valid