

QUARTZ VALLEY INDIAN RESERVATION

Non-Gaming Distribution Request

YEAR _____ NGD# _____

A Request Form Must be Completed for Every Distribution

Minor's Information

Name of Child: _____ DOB: _____ Age of Child: _____

Physical Address of Child: _____

Tribal Enrollment Number: _____ Social Security Number: _____

Tribal Parent Information Must be Completed

Mother of Child: _____ Father of Child: _____

Is the Mother the QVIR Tribal Parent: YES NO Is the Father the QVIR Tribal Parent: YES NO

If Yes, what is the Mother's Roll Number: _____ If Yes, what is the Father's Roll Number: _____

Mother's Social Security #: _____ Father's Social Security #: _____

Telephone # for Mother: _____ Telephone # for Father: _____

Physical Address: _____

Mailing Address: _____

QVIR Parents Needs to Sign

Tribal Parent

I, _____, understand by signing this application I am authorizing the approval to disburse funding for my son/daughter, _____, on said date: _____.

Tribal Parent's Signature: _____ Date: _____

If the Child Does Not Live in the Tribal Parent's Household

Please complete this portion ***only*** if the child does ***not*** live in the Tribal Parent's household and you want the money distributed to the custodial or other Parent/Legal Guardian caring for child.

I, _____ am requesting for the release of the minor's non-gaming
(Name of Tribal Parent)

distribution to: _____ for _____
(Name of Custodial Parent / Guardian) (Name of Child)

