

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)

Name of Parent/Legal Guardian: _____

Physical Address of Parent/Legal Guardian: _____

Mailing Address of Parent/Legal Guardian: _____

**To be Filled-Out by the Tribal Parent
OPTIONS**

Issue Check to the Tribal Parent for this Child's Distribution: YES NO

Issue Check to the Non-Tribal Parent/Legal Guardian for this Child's Distribution: YES NO

Issue Check to the Tribal Parent for Previous Child's Distribution (s): YES NO

YEAR: _____
Distribution#: _____

Issue Check to the Non-Tribal Parent/Legal Guardian for this Previous Distribution (s): YES NO

YEAR: _____
Distribution#: _____

Place into NGD Saving Account: YES NO

Date of Request: _____

SIGNATURE

In order to receive these dollars it is an understanding the child or children must be in the care of the individual receiving the dollars. This can be validated through Income Tax Returns, a letter from both parents or any other form of dependency documentation.

Tribal Parent Signature: _____ Date: _____