Uchucklesaht Tribe

Government

MONTHLY CHILD ALLOWANCE FUND

Each eligible Uchucklesaht dependant will receive $100 per month/child if and when approved

Who should apply:

Parents, guardians, and caregivers of children 16 and under.

- Payment will commence after application is approved.
- No back payments.
- Payments are subject to renewal at end of fiscal year.

Step 1- Your Information

First Name: _____

Last Name: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Step 2: - Your Address

Mailing Address:

Apt No- Street No, Street Name, PO BOX:

_____

_____

City: _____

Province or State: _____

Postal Code or ZIP: _____

Home address:

☐ Same as mailing address

Apt No- Street No, Street Name, PO BOX:

_____

_____

City: _____

Province or State: _____

Postal Coder or ZIP: _____

Step 3- Information about the child(ren)

Child 1- Information

First Name: _____

Last Name: _____

Date of Birth: _____

Child 2- Information

First Name: _____

Last Name: _____

Date of Birth: _____

Step 4- Signature

Parent, guardian, or caregiver: _____

Office Use Only:

Approved: Yes ☐ No ☐

Payment start date: _____

Director of Human Services signature: _____