

## **Uchucklesaht Tribe**



### **Government**

---

## **MONTHLY CHILD ALLOWANCE FUND**

Each eligible Uchucklesaht dependant will receive \$210 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: \_\_\_\_\_