

## CHER-AE HEIGHTS INDIAN COMMUNITY OF THE TRINIDAD RANCHERIA

**Member Service Request Form** 

	1								
Please Check	Last Name		First Na	ame		MI	Triba	al ID Number	
Address Update <ul> <li>Address Update</li> <li>Phone Update</li> <li>Name Change</li> <li>ID Request</li> </ul>	Date of Birth / / Number MAILING:		( ) Street		Telephone Number ( ) City City		Social Security Number State ZIP State ZIP		
	PHYSICAL:		Street		City		State	211	
	Height Weight	Eye Color H	Iair Color	Der	There is a \$15 replacem required for any cost ex	,	11	Fee Collected: Y / N	
Member Service/Referral Request									
PLEASE COMPLETE THIS SECTION TO REQUEST ASSISTANCE OR	Utility A Health & Transpor	l Assistance ssistance 2 Wellness rtation nmodities		Ho Ed Sul	ild Care using ucation bstance Abuse gal Assistance		Other: Other:	iolence	
REFERRAL									

Member Services /Administrative Action Taken (Trinidad Rancheria Personnel Use Only)						
<u>Member Contact</u>						
Date						
Time Form of Contact						
Telephone						
In-Person						
Yes						

**SERVICES** 

Member Signature:\_\_\_\_\_ Member Services/Admin. Representative:\_\_\_\_\_