



CHERE-AE HEIGHTS INDIAN COMMUNITY OF THE TRINIDAD RANCHERIA



Member Service Request Form

Please Check <input type="checkbox"/> Address Update <input type="checkbox"/> Phone Update <input type="checkbox"/> Name Change <input type="checkbox"/> ID Request	Last Name	First Name	MI	Tribal I.D. Number
	Date of Birth / /	Telephone Number (s)		Member ID #
	MAILING: Number Street		City	State ZIP
	PHYSICAL: Number Street		City	State ZIP
	Height	Weight	Eye Color	Hair Color
There is a \$15 replacement fee for ID Cards; approval is required for any cost exemptions or Per Capita Deductions.				Fee Collected: Y / N

Member Service/Referral Request										
	Member Services	Fax / Copies		Distribution Stmt.		Computer		Tax W/H		Tax /DMV Forms
	Social Services	LIHEAP		Two Feathers		Emergency Asst. Program		TANF		UIHS / Child Care
	Housing	Home Inspection		HIP		Housing Application				
	Animal Control	Incident Report		Pet Registration		Other				
	Education	Scholarship Application		Education Assistance		Other				

<i>Member Services /Administrative Action Taken</i> <i>(Trinidad Rancheria Personnel Use Only Do not write below this line)</i>	
Member Contact	
Date _____	
Time _____	
Form of Contact	
Telephone <input type="checkbox"/>	
Letter <input type="checkbox"/>	
In-Person <input type="checkbox"/>	
Fax <input type="checkbox"/>	
E-mail <input type="checkbox"/>	
Follow Up Req.	
Yes <input type="checkbox"/>	
No <input type="checkbox"/>	
	Logged <input type="checkbox"/>

Member Signature: _____ Member Services/Admin. Representative: _____

Date: _____ Date: _____