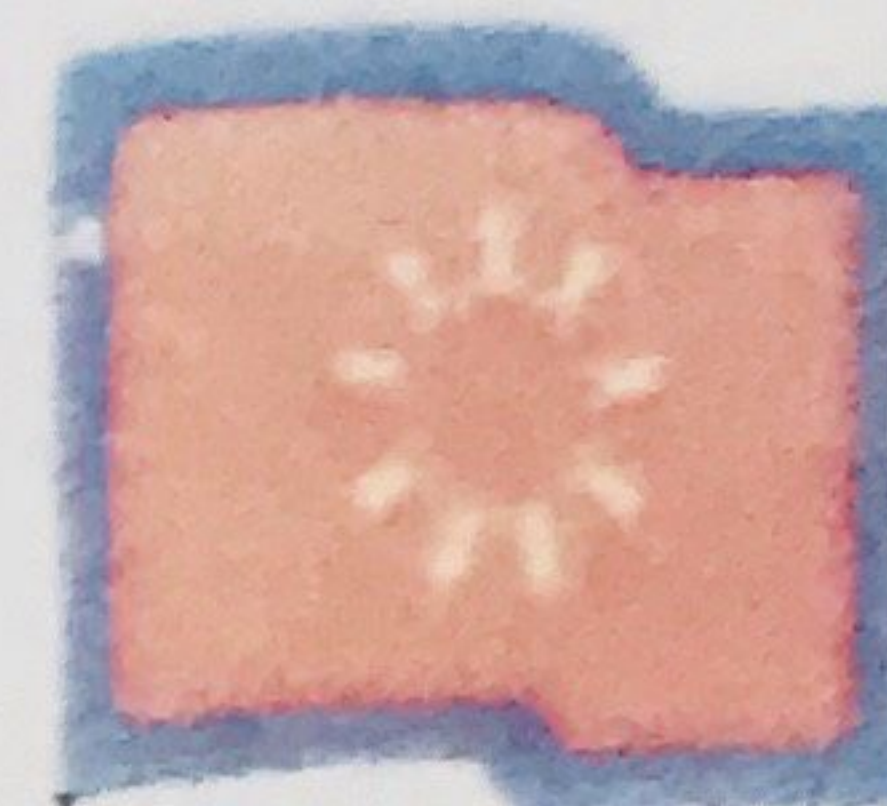


OGLALA SIOUX TRIBE
Social Service Office



GENERAL ASSISTANCE

Name: _____ Contact Number: _____
Mailing Address: _____
District: _____ Tribal Member: YES or NO Tribe: _____
Type of Income: _____ Amount Biweekly/Monthly: _____

ASSISTANCE INFORMATION
(Please attach all supporting documentation)

Please Circle One: Education Activity Assistance Loss of home/Structure Assistance
Natural Disaster Honorarium Assistance
Other (Please Specify): _____

Location: _____ Date(s): _____
Amount Requested: _____

Signature: _____ Date: _____

.....

For Office Use Only

Approved: Yes No Amount Approved: _____

Signature: _____ Date: _____