

Signature_

North Segment_Financial Assistance (Elders) 60+



Name: First	M.	Last	D.O.B
Enrollment #: 301U-	Phone #:		
Mailing Address:Physical Address:			
	ies		
			Date:/2023
A Complete Application Needs-TAT Tribal ID			
Documentation			
	Bills		
Office of Councilwoman Monica Mayer MD 404 Frontage Road New Town, ND 58763 TAT Tribal ID Fax#-701-627-3258 Office#-701-627-3456			
		Time Received	o Mail
		Staff Initials	o Live
Reason for request explain below:			
Approved: (Yes) \$	Vendor or Applicant	Cards: Grocery-	Gas

Date_____

Monica Mayer MD, North Segment Councilwoman