North Segment Financial Assistance Application

Name: First _____ M. _____ Last _____ D.O.B _____

Enrollment #: 301U-_____ Phone #: _____

Mailing Address: _____ Physical Address: _____

City: _____ State: _____ Zip: _____

Applying for: ☐ Utilities ☐ Medical ☐ Funeral ☐ Educational ☐ Financial ☐ Sponsorship (Attach Budget)

Signature_____ Date: ____/____/2023

A Complete Application Needs-TAT Tribal ID

Documentation

Bills

Reason for request explain below:

_____

_____

_____

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Office of Councilwoman Monica Mayer MD

404 Frontage Road New Town, ND 58763

Fax#-701-627-3258

Office#-701-627-8234

Referrals have been made to the following programs

- TAT General Assistance Program-(701) 627-8169
- TAT Low Income Home Energy Assistance-(701) 627-2364
- TAT Commodity Program-(701) 627-4292
- TAT W.I.C. Program-(701) 627-4642
- TAT Higher Education-(701) 627-4112
- Mountrail County Social Services-(701) 628-2925

Time Received _____

Date Received _____

Staff Initials _____

- ○ Email
- ○ Mail
- ○ Fax
- ○ Live

Approved: (Yes) $_____ **Vendor or Applicant** **Cards:** Grocery- _____ Gas- _____

Signature_____ **Date**_____

©MD Monica Mayer MD, North Segment Councilwoman