

HEIPA DISTRICT PO Box 223 Veblen, SD 57270

District Request Form

Date:	Date of Birth:
Full Name	(Maiden name/Name on Roster)
Current Address	Tribal Enrollment #
City, State, Zip Code	Phone #
(All information must be completed	for a check to be processed.)
Check only one per application:	
General Welfare (\$200 yearly)	Youth to Adult (\$150)
Funeral Assistance (\$300 designated next of kin)	Senior Pictures (\$300)
Elderly Living Expense (55-64 \$50)	HS Diploma/GED (\$250)
Elderly Living Expense (65+ \$100)	College Living Expense (education)
** Living Expense must have student name, college name, phone # and s ** must be turned in 45 days of completion ** Youth to adult must have a copy of Tribal Enrollment, ID and Heipa ** Must attach current documentation for Senior pictures and HS Diplo ** New Elderly must attach copy of Tribal Enrollment, ID with birthdat ** If we have to stop payment on your check due to damage, loss, etc , we ** Funeral Assistance will be one payment to the next of kin designated land requests for early general welfare will approved for: (this will be contained by the senior of the se	District Enrollment application attached ma/GED (must be turned in 45 days of completion) e e will deduct \$30 bank charge to issue a new one by the family. Deceased must be a district member
** Disconnect notice for electricity – check will go to the electric compan ** Request for propane – check will go to propane company ** Eviction notice – check will go to landlord ** Homeless – check will go to a motel or a person you will be staying wi ** Family member in intensive care unit – must be immediate family me ** Funeral for family member – go to member (individual will be requir	y th for room and board mber
Signature:	Date:

Phone: 605-738-2324 Email: heipa.district@outlook.com Fax: 605-738-2379