



Sisseton-Wahpeton Ojibwa
Swim District

ASSISTANCE APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____ PHONE/MESSAGE NO. _____

EMPLOYED: Y ___ N ___ WHERE EMPLOYED: _____

___ MED. APPOINTMENT: (Once every 3 months, copy of appointment slip)

___ MEDICAL EMERGENCY

___ FUNERAL: NAME/RELATIONSHIP OF DECEASED _____

___ UTILITIES Electric, Propane, Fuel Oil (1 utility per year, need disconnection notice for electric)

___ VEHICLE REPAIR: (estimate, proof of ownership)

APPLICANT SIGNATURE

Approved amount: _____

Check # _____

Executive

Signature: _____ /Date: _____

ASSISTANCE IS BASED UPON FUNDS AVAILABLE

P.O. Box 15
317 Tatanka Avenue
Waubay, SD 57273

Phone: (605) 947-4319
Fax: (605) 947-4873