

# HEIPA DISTRICT

PO Box 223  
Veblen, SD 57270

## HEIPA DISTRICT REQUEST FORM

**APPLICATION MUST BE FILLED OUT COMPLETELY!**

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Alias (Maiden Name/Name on Roster)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Tribal Enrollment #

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone No

**\*\*If address changes before you receive the assistance you applied for, please contact the district to update.**

**\*\*If district has to stop payment on your check, we will deduct the \$30.00 bank charge from your amount.**

I am requesting assistance for:

\_\_\_\_\_ General Welfare

\_\_\_\_\_ Youth to Adult

\_\_\_\_\_ Funeral

\_\_\_\_\_ Senior Pictures/Class Ring

\_\_\_\_\_ New Elder\*\*\*

\_\_\_\_\_ HS Diploma/GED\*\*

\_\_\_\_\_ Elderly Living Expense (Birthday Month)

\_\_\_\_\_ Living Expense (Education)

\*Must attach **CURRENT** documentation for Senior Pictures, HS Diploma/GED and Living Expense (Education).

\*\*HS Diploma/GED and Living Expenses must be turned in within **45 days** of completion.

\*\*\*New Elders must attach copy of Tribal Enrollment/ID with birthdate.

***I understand that all amounts given by Heipa District will be according to the guidelines established. In addition, I understand any falsification of the information I have provided will result in reimbursement to the Heipa District or forfeiture of any future District funding entitled to me until the amount is settled in full.***

\_\_\_\_\_  
Application Signature

PHONE: (605)738-2324 FAX: (605)738-2379 heipa.district@outlook.com

Updated: February 1, 2018