



# OLD AGENCY DISTRICT

45644 Veterans Memorial Drive

PO BOX 766

Agency Village, SD 57262

(605) 698-7747 Office

(605) 698-4216 - Fax

**Please Mark the Type of Assistance you are applying for:**

**Month District Meetings are every 4<sup>th</sup> Monday of the Month.**

\_\_\_\_ Adult Hardship: (18-54) \$200.00. (Early hardship will be accepted and approved only if money is available during the time of the request. Request for early hardship can also go to any vendor at your request. )

Reason for early request: \_\_\_\_\_

\_\_\_\_ Elder Hardship (55 +) \$450.00 (Early hardship will be accepted and approved only if money is available during the time of the request. Request for early hardship can also go to any vendor at your request. )

Reason for early request: \_\_\_\_\_

\_\_\_\_ Fund Raising Match. Type of Match  Medical  Youth  Other: \_\_\_\_\_

(District will match up to \$1000.00 per family per year. Copy of fliers and deposit slips required on all fundraiser matches. Other request depends on type of fundraiser you are applying for.)

\_\_\_\_ Funeral Assistance.  District Member \$300.00  Non-District Member \$150.00 (Only one family may apply for assistance) Name and Relationship to the deceased: \_\_\_\_\_

\_\_\_\_ Youth District membership. (Must Attach Tribal ID/Enrollment Verification. Must be actively in school to be consider youth even if 18 or older. Youth membership should not be enrolled with any other district. \*See High School Diploma guideline. \*\*\*\* New membership will be presented at the next monthly regular district meeting.)

\_\_\_\_ Adult District membership. (Must attach Tribal Id/Enrollment Verification. Application will be presented at the next monthly regular district meeting. Must be provide proof of relinquishment (minutes) if coming from other district.)

\_\_\_\_ Relinquishment of Membership: Request my membership from OLD AGENCY DISTRICT, be terminated and is subject for approval to be enrolled with \_\_\_\_\_ District. Relinquishment will be presented at the regular monthly district meeting.



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Home Repair: (Requirements: Must be primary home. Show ownership. Amount allowed every two years is \$2500.00, must submit quotes for material/labor. Have before pictures. After work is completed the district assistant will go take after pictures sign off that work is completed before payment is issued. Luxury repairs will Not be acceptable. Handicap ramps must qualify for home repair. Applicant must reside on the Lake Traverse Reservation [No out of town].) Brief Description of repairs need to home: \_\_\_\_\_

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Medical Appointments Assistance. (Medicaid recipients only. Copy of Medical appointment. Need letter of denial from Elderly Office. The district will help and file for reimbursement with the state. Copy of your Medicaid card is required.)

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College Graduates. Type of Degree [ ] VOC-ED \$500.00 [ ] AA \$1,000.00 [ ] BA \$1,500.00  
[ ] MASTER \$2,000.00 [ ] PHD (Doctor of Philosophy) \$2,500.00

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High School Graduates/GED Graduates. (Provide copy of High School diploma or GED) \$500.00. Any youth who graduates and receives payment for High School Diploma will dropped from the youth roster automatically and requested to move to adult membership. Must be 18 years of age to be consider adult.

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Youth Assistance. (Provide of a letter of enrollment from pre-school or high school. If not the parent/legal guardian of the child(ren) list below you will need to provide a copy of the court order. If parents have join custody of the child(ren) the parent who has physical custody of the child(ren) during the time the district is assisting the youth the district will issue the check to the parent who has the child(ren). )

***Executive committee meets every Wednesday on applications please call either Thursday or Friday to check on status of your application.***

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## APPLICATION FOR ASSISTANCE

First Name	Middle Name	Last Name		
Date of Birth	Enrollment Number	Email Address		
Current Address		City	State	Zip Code
Please Check best contact number.	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Work Phone	
Physical address to home if different mailing address:				
Mother's Name (Maiden Name)	District	Father's Name	District	
Maternal Grandmother	District	Paternal Grandmother	District	
Maternal Grandfather	District	Paternal Grandfather	District	
Name of Child(ren)	Date of Birth	Grade	Name of School	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

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## Home Repair

Have you ever received home repair assistance before? \_\_\_ Yes \_\_\_ No  
If yes, from who, when and home repaired.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY:

**Home Repair Verification:** I hereby verify that the home repairs were complete on \_\_\_\_\_,  
and that I did take pictures of the work completed and submitted to the Executive Committee.

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

Approved:	Disapproved:	Check No:
District Chair Signature		District Vice-Chair Signature
District Treasure Signature		District Secretary Signature
Reason why disapproved:		



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