

*****MASKS ARE NOT MANDATORY BUT PREFERRED*****



CHEYENNE RIVER SIOUX TRIBE

2022 Fall CLOTHING

APPLICATIONS AVAILABLE

AUGUST 8, 2022

MUST BE TURNED IN

NO LATER THAN

SEPTEMBER 30, 2022

FOR MORE INFO,

PLEASE CALL 605-964-6565

**APPLICATIONS CAN BE
DROPPED OFF AT SUPPORT
SERVICES OR EMAILED TO
SS.CRST.JML@GMAIL.COM.**

**WE ARE NOT ACCEPTING
APPS VIA FAX.**

PHONE NUMBER IS REQUIRED ON APP!

ALL Applicants:

**Must provide the
following:**

- . CURRENT
CUSTODY DOCUMENTS**
- . ALL INCOME:
(EMPLOYMENT, SSI, TANF,
GA, SNAP, VA,
SOCIAL SECURITY, ETC.)**
- . TRIBAL ENROLLMENT
DOCUMENT/I.D.**
- . SCHOOL ENROLLMENT
VERIFICATION**

***** ALL DOCUMENTS MUST BE
ATTACHED *****

THANK YOU FOR YOUR PATIENCE AND COOPERATION AT THIS TIME

Support Services Staff



MUST BE RESIDENT OF CRST **PHONE/MESSAGE** _____

CHEYENNE RIVER SIOUX TRIBE 2022 FALL CLOTHING APPLICATION

PARENT/GUARDIAN NAME: _____ **DOB:** _____ **AGE:** _____

ADDRESS: _____ **CRU #:** _____

MARITAL STATUS: _____ **ALL SOURCES OF INCOME:** _____

SPOUSE NAME: _____ **DOB:** _____ **AGE:** _____

| <u>NAME</u> | <u>AGE</u> | <u>GRADE</u> | <u>CRU#</u> | <u>CUSTODY</u> | <u>SCHOOL NAME</u> |
|-------------|------------|--------------|-------------|----------------|--------------------|
| _____ | _____ | _____ | # _____ | <u>V/N</u> | _____ |
| _____ | _____ | _____ | # _____ | <u>V/N</u> | _____ |
| _____ | _____ | _____ | # _____ | <u>V/N</u> | _____ |
| _____ | _____ | _____ | # _____ | <u>V/N</u> | _____ |
| _____ | _____ | _____ | # _____ | <u>V/N</u> | _____ |
| _____ | _____ | _____ | # _____ | <u>V/N</u> | _____ |
| _____ | _____ | _____ | # _____ | <u>V/N</u> | _____ |
| _____ | _____ | _____ | # _____ | <u>V/N</u> | _____ |

CIRCLE CHOICE OF VENDOR: **WAL-MART-RC** **WAL-MART-PIERRE**
JCPENNEY'S **KOHL'S** **TARGET** **THE PLAINS** **FAMILY DOLLAR**

*****ONCE SELECTED, VENDOR CANNOT BE CHANGED*****

I, hereby authorize the Cheyenne River Sioux Tribe to obtain any necessary information to support our eligibility for assistance.

Applicant Signature

Date

Denial/Reason: _____

Amount: _____

Approval: _____