



Confederated Tribes and Bands
of the Yakama Nation

Established by the
Treaty of June 9, 1855

Yakama Nation Human Services Administration

FIRE ASSISTANCE

- TOTAL BURN-OUT
- PARTIAL BURN - OUT

REQ #: _____

PO #: _____

CONTACT: IN PERSON _____ BY PHONE: _____ DATE: _____

NAME: _____ SOCIAL SECURITY #: _____

ADDRESS: _____ CITY / STATE: _____

PHONE NUMBER: () _____ ZIP CODE: _____

ENROLLMENT NUMBER & TRIBE: _____

FIRE REPORT ATTACHED: YES _____ NO _____

ENROLLMENT / BIOLOGICAL STATUS: (Immediate Family Only) Parent, Child, Grandparent, Grandchild, Spouse, Siblings (if Enrolled Yakama Only)

NAME	ENROLLMENT NO.	DATE OF BIRTH

_____ X ADULT PARTIAL \$200
 _____ X CHILD PARTIAL \$100
 _____ X ADULT TOTAL \$400
 _____ X CHILD TOTAL \$200

TOTAL ASSISTANCE: \$ _____

INTAKE STAFF

APPROVED

DISAPPROVED

DEPUTY DIRECTOR

***ALL INFORMATION OBTAINED IS KEPT CONFIDENTIAL**