

LUKACHUKAI CHAPTER
P. O. Box 248 Lukachukai, Arizona 86507
Telephone: (928)787-2500 Fax: (928) 787-2332
Email: lukachukai@navajochapters.org

Received

CHAPTER FINANCIAL ASSISTANCE FORM

NAME: _____ CENSUS #: _____

ADDRESS: _____ TELEPHONE #: _____

Are you a Registered Voter?
 Yes No

TYPE OF ASSISTANCE: Check Only One

Burial Assistance
Decease's Name: _____ Census #: _____
Funeral Service Date: _____ Funeral Home: _____
Place of Burial: _____ Date of Death: _____

Public Assistance
Purpose of Assistance: _____

Medical (Travel)
Hospital: _____ Date: _____
Where: _____

Burn Out
Explain: _____

PLEASE PROVIDE SUPPORTING DOCUMENTS TO ALL REQUESTS

I hereby certify that the above information is true and given to be used for the consideration of Chapter Financial Assistance Request.

Requestor's Signature

Date

OFFICE USE ONLY

Account Number: _____

Amount of Assistance: \$100.00 or less

Signature of Chapter Administration

Date

Approved by Chapter Official

Date