Quinault Indian Nation

POST OFFICE BOX 189 ~ TAHOLAH, WA 98587 ~ TELEPHONE 360.276.8211

VERIFICATION OF SUPPORTING A QUINAULT FAMILY

Date: _____

I, _____ am enrolled with the Quinault Indian Nation with the enrollment number #_____. I am currently receiving support from _____ who is contributing financially to myself and/or my children whose names and enrollment #'s are listed here:

- _____ #_____
- _____ #_____
- _____ #_____
- _____ #_____
- _____ #_____

The above named individual is contributing to my household in the form of:

☐ Child Support	☐ Education
☐ Rent	☐ Clothing
☐ Food	☐ Utilities
☐ Other _____	

I have attached proof (receipts, Tribal ID cards, CIB's, etc.) and I understand the individual named above is claiming he/she is supporting the Quinault tribal member(s) listed above, and by signing below I am giving him/her permission to do so.

_____

Enrolled Quinault Tribal Member Signature

_____

TERO Representative Signature