

CCT Department of Transportation

CLIENT REQUEST FORM

(Each household should complete a form)

Tel: 509-634-2540

Fax: 509-634-2529

Omak District _____ Desautel _____ Malott _____
Nespelem District _____ Belvedere Area _____
Keller District _____
Inchelium District _____ Silver creek Area _____

THIS FORM WILL BE USED TO ASSIST OUR PROGRAM IN COLLECTING ACCURATE DATA THAT WILL BE USED FOR REPORTING PURPOSES ONLY. THIS INFORMATION WILL REMAIN CONFIDENTIAL AND WILL NOT BE DIVULGED TO ANY OTHER ENTITY OR PERSON WITHOUT PRIOR WRITTEN CONSENT. THANK YOU FOR YOUR ASSISTANCE.

NAME _____ DATE OF BIRTH _____
SPOUSES NAME _____ DATE OF BIRTH _____
MAILING ADDRESS _____ CITY _____ ZIP _____
PHONE/MESSAGE NUMBER _____
ENROLLED COLVILLE MEMBER? YES [] NO [] OTHER INDIAN? [] YES [] NO
MARITAL STATUS? [] MARRIED [] WIDOWED [] DIVORCED [] SINGLE
IF MARRIED: IS SPOUSE ENROLLED COLVILLE MEMBER? [] YES [] NO
OTHER INDIAN? [] YES [] NO

CARETAKER(IF ANY):
NAME _____ Physical Address _____ Phone _____

HOME SITE: (IF THERE IS A GATE - IT MUST REMAIN UNLOCKED FOR SNOW PLOW ACCESS)

HOME ADDRESS: _____ HOUSE # _____ HOUSE COLOR _____
PLEASE PROVIDE DIRECTIONS TO YOUR HOME FROM THE NEAREST PRIMARY STREET:

ON THE BACK OF THIS SHEET PLEASE PROVIDE A SKETCH OF YOUR DRIVEWAY. IDENTIFY LOCATIONS OF POWER SERVICE BOXES, SPIGOTS, OR OTHER OBSTRUCTIONS THAT MAY BECOME DAMAGED FROM SNOW PLOWING ACTIVITIES. ALSO SHOW LOCATIONS WHERE YOU PREFER SNOW TO BE PILED.

TYPE OF HOME YOU ARE LIVING IN: HUD HOUSE [] STANDARD TRAILER HOUSE []
SENIOR APARTMENT/COMPLEX [] STANDARD PRIVATE HOME []

Do you receive any/all of these services:
Home Delivered Meals? [] YES [] NO
Medical Supply Deliveries? [] YES [] NO
Do you attend a Senior Meal Site? [] YES [] NO If yes, which District?
OMAK _____ NESPELEM _____ KELLER _____ INCHELIUM _____

(DOT OFFICE USE ONLY) DATE _____ APPROVED _____ DISAPPROVED _____
REASON FOR DENIAL: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

COMMENTS: _____