

Poarch Band of Creek Indians

Request for

School Uniform & Supply Reimbursement

Please complete the following information. It will be used to help us plan future programs and for grant purposes.

This program is for children who are enrolled Tribal members and first generation Indian descent children of the Poarch Band of Creek Indians only.

Parent(s) \_\_\_\_\_

Roll Number of Tribal Member parent \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Please list the names of all the children for whom you are turning in receipts. If your child is 1<sup>st</sup> Generation Indian Descent, please mark "ID" under roll number.

Name	Age	Roll #	Grade
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Note – this program was approved to reimburse for up to four children. No family will receive a reimbursement of more than \$400.00 (\$100.00 per child) no matter how many children are in the family.

Please enclose all receipts together, not separately. You should make a copy for your records as receipts will not be returned. **The Tribal Member parent should put his or her name and roll number on the back of each receipt.**

# REQUEST FOR FIRST GENERATION INDIAN DESCENT LETTER

If the Indian Descendant is under the age of 18, the Tribal Member Parent must submit this request for the Indian Descendant.

Complete legal name of Indian Descendant:

\_\_\_\_\_

(Please Print)

(No Nicknames)

Date of Birth: \_\_\_\_\_

Please attach a copy of a Certified Birth Certificate. If the name on the Request Form is not the same as the name on the Birth Certificate, please provide additional documentation to document the name change (e.g., a marriage certificate). Prior to the Tribal Member Benefits Office issuing an Indian Descent Letter additional documentation, including, but not limited to, marriage certificates, death certificates, and DNA testing results, may be required to prove lineage.

Name of Biological Father: \_\_\_\_\_

Tribal Roll # of Biological Father, if applicable: \_\_\_\_\_

Name of Biological Mother: \_\_\_\_\_

Tribal Roll # of Biological Mother, if applicable: \_\_\_\_\_

## CERTIFICATION

By signing below, I certify that the information provided, including the birth certificate or additional documentation, is true and correct. I certify that the Indian Descendant listed above is the BIOLOGICAL CHILD of the Tribal Member(s) named above. I understand that if the Indian Descent Letter is being used to obtain any benefits from the Tribe for the Indian Descendant and the Tribe later learns that the information provided herein or submitted is false that I must repay the Tribe the monetary value of the benefits received. If the Tribe initiates litigation in order to collect any repayment, I further agree that collection of repayment for any benefits received be governed by the laws of the Poarch Band of Creek Indians and that the Tribal Court of the Poarch Band of Creek Indians shall have original and exclusive jurisdiction involving any litigation.

\_\_\_\_\_  
Signature of Indian Descendant or Tribal Member Parent

Date: \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_ 2011.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_