

PONCA TRIBE OF NEBRASKA

Department of Social Services

Truckloads of Help Distribution

Date:				
Name:	_Tribal Affi	liation:		
Address:	City:	State:	Zip:	
Phone (1)	Phone	(2)		
Number in l	Household:_			
County of R	Residence:			
Condition	s for the d	istribution:		
1.	The goods will not be sold, bartered, traded, auctioned, or transferred in exchange for money, property, or other services.			
2.	The goods cannot be used for fundraisers, raffles, auctions, given to volunteers or staff members or sold in retail stores, web sites, garage sales, or flea markets.			
3.	All participating persons must live in the Ponca Tribe of Nebraska service delivery areas within Nebraska and must be low income/high need individuals/families.			
4.	All participating persons will be eligible one time per month.			
5.	Ponca Tribe of Nebraska has the right to limit quantities of products that participating persons may receive.			
By signing	g this you	agree to the ab	pove conditions.	
Client Signature:				Date:
DSS Staff Signature:				Date: