CHEYENNE AND ARAPAHO TRIBES
HOPE
HELPING OUR PEOPLE EXCEL

CHEYENNE and ARAPAHO TRIBES

DEPARTMENT OF ADMINISTRATION
HOPE PROGRAM
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ACKNOWLEDGEMENT OF TWO-TIME ASSISTANCE

THIS STATEMENT MUST BE SIGNED, DATED, AND SUBMITTED WITH YOUR APPLICATION, OR YOUR APPLICATION WILL BE VOID

This document is to acknowledge your understanding that assistance is given two times a year as needed through the HOPE Program, every six months from the time of last receiving assistance.

DO NOT WRITE IN THIS BOX. OFFICE USE ONLY.

	Date of 1st Assistance	Date of 2nd Assistance
FOOD	_____	_____
UTILITY	_____	_____
UTILITY DEPOSIT	_____	_____
RENTAL	_____	_____
RENTAL DEPOSIT	_____	_____

By signing this confirmation statement, you acknowledge that you have been made aware that You have reached your maximum assistance and are not eligible for this service until

_____

_____ _____

Client Signature **Date**

_____ _____

Caseworker Signature **Date**