

## CHIPPEWA CREE TRIBAL TANF PROGRAM

☐ CCT TANF Program		□ Box Elder Satellite Office □		Havre Satellite Office
96 Clinic Road North		BE Family Resource Center		109 W. 2 <sup>nd</sup> Street
Box Elder, MT 59521		Box Elder, MT		Havre, MT 59501
Phone (406)395-5814		Phone (406) 352-3271		Phone (406)265-6021
Fax (406)395-5847		Fax (406)352-4695		Fax (406)265-6059
	SCHO	OOL ENROLLMEN	NT VERIFICATION	
Please provide verification				n school.
Name of School		Address	<u> </u>	School Year
1-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year?  ☐ YES ☐ NO
2-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year?  ☐ YES ☐ NO
Sahaal Official Nama	Sahaal O	fficial Signature	Data	Dhana
School Official Name		fficial Signature	Date NT VERIFICATION	Phone
Nogo provido vorification				a achaol
Please provide verification Name of School	i tilat tile lollowi	Address	urrently enrolled if	School Year
Name of School		Address		School real
1-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences
				for 2017-18 school year? ☐ YES ☐ NO
2-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year?  ☐ YES ☐ NO
School Official Name		fficial Signature	Date	Phone
			NT VERIFICATION	
Please provide verification	n that the followi		urrently enrolled in	
Name of School		Address		School Year
1-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year?  ☐ YES ☐ NO
2-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year?  ☐ YES ☐ NO
School Official Name	School O	fficial Signature	Date	Phone