

S.R.S.T – ELDERLY NEEDS PROGRAM

APPLICATION



DECEMBER 2025 DISTRIBUTION

The required information is needed to provide SRST member RESIDENCY.

	APPLICATIO1	N INFORMATION	
FULL NAME:	LAST NAME	FIRST NAME	
ADDRESS:	STREET ADDRESS	P.O. BOX	HOME PHONE/CELL #
	STREET ADDRESS	P.O. BOX	HOME PHONE/CELL#
,	CITY	STATE	ZIP CODE
	DATE OF BIRTH	TRIBAL EN	ROLLMENT NUMBER
SIGNATURE:		Date:	
REQUIREMENT	S FOR ELIGIBILITY: N	MUST BE 65 YEARS OF A	AGE OR OLDER
	AND A CURRENT RESIDEN	NT OF STANDING ROC	K RESERVATION.
District at which y	ou reside:		
ONE (1) OF THE FO	LLOWING MUST BE ATTACH	IED TO APPLICATION FOR	RESIDENCY VERIFICATION
COPY OF UTILITY B	SR HOUSING COM	MPOSITION LETTER 1	FROM LOCAL DISTRICT CHAIR
GIFT CARDS ARE NO	ON-REFUNDABLE. THE SRST	TELDERLY NEEDS PROG	RAM IS NOT RESPONSIB

THE DEADLINE TO SUBMIT APPLICATIONS IS NOVEMBER 14, 2025 AT 4:00 PM.
(NO EXCEPTIONS).

FOR LOST OR STOLEN CARDS.

You may FAX your completed application to 701-854-7299 or submit to your Local District office.

GIFT CARDS BILL BE ISSUED AT YOUR LOCAL DISTRICT OFFICE – DECEMBER 8, 2025