

**PAIUTE INDIAN TRIBE OF UTAH
440 NORTH PAIUTE DRIVE
CEDAR CITY UTAH 84720
(435) 586 – 1112**

For the week of _____

Name _____ Date Form Received _____

You must answer all of the question for each week, sign, date, and return this form. If you need help in filling out this form, ask your worker for assistance. Failure to turn in this form may result in your General Assistance Grant to be stopped or terminated.

Date money received	Type of money received	Where or Who received money	Amount received
_____	_____	_____	_____
_____	_____	_____	_____

New Job/Employment: Did you find a job this Month? _____

Attendance at other required programs: Yes ___ No ___

Date _____ Name of program _____ Verified by _____

Date _____ Name of program _____ Verified by _____

Job Contacts

Date	Place	Position	Action taken Initial	Telephone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature _____ Date _____