



CROW TRIBE EXECUTIVE BRANCH

DEPARTMENT OF ENROLLMENT & PER CAPITA

P.O. Box 159
CROW AGENCY, MT 59022

Enrollment & Per Capita Case (EPC) Files

This form is used to keep track of special requests to the Enrollment & Per Capita Department, including those related to Enrollment, Per Capita Payments, and Senior Benefit Payments. By completing this form, you're helping the Enrollment & Per Capita Department better assist with your requests and to better keep track of the progress of your request. Please complete separate forms for each of your requests to facilitate organization and fulfillment of your request. Please use **Section A** to provide your identifying information as well as the nature of your request. Please be as detailed as possible when describing your request as we will be better able to assist you if we have all the information (you may use the back side of this form if necessary). Use **Section B** to provide Enrollment Department with your contact information. If possible, please leave your email address as this is the easiest way for the Enrollment Department to update you on the status of your request. Please retain a copy of this form for your records. You may use your assigned case number (located in **Section C**) to inquire about the status of your request. An Enrollment Department staff member will attempt to contact you when your request is resolved.

Section A: Case Information			
1. Name (FIRST—M.I.—LAST)		2. Date of Birth (MM/DD/YYYY)	3. Enrollment Number (E.G. 202U123456)
4. Which of these does your request pertain to? (SELECT ONE; IF OTHER, PLEASE BE PRECISE AND DETAILED IN BOX 5)			
<input type="checkbox"/> Enrollment <input type="checkbox"/> Per Capita Payments <input type="checkbox"/> Senior Benefits <input type="checkbox"/> Other			
5. Describe your request (Please print and be as thorough as possible so that we can better assist you)			
Section B: Contact			
1a. Mailing Address: Street of Box #		1b. City	1c. State
1d. Zip Code	2. Phone Number	3. Email address (preferred method of contact)	
Section C: Enrollment Office Use Only			
1. Assigned EPC File # (E.G., EPC-00000)	2. Assigned to... (PRINT NAME OF ENROLLMENT STAFF)	3. Date Received	4. Date Entered ("RED FOLDER" AND EPC LOG)
EPC-			