

# CROW TRIBE EXECUTIVE BRANCH

DEPARTMENT OF ENROLLMENT & PER CAPITA

P.O. Box 159  
CROW AGENCY, MT 59022

## Head of Household Request

**DIRECTIONS:** This form is used by individuals who have recently come of age and are now legally considered to be adults. By completing this form, an individual can communicate to the Enrollment & Per Capita Department that the individual would like to be considered "head of household" in order to receive Per Capita checks paid to that individual's name alone.

Section A: Voluntary Hold Request		
<b>1. Enrolled Adult Name</b> ( First — M.I. — Last )	<b>2. Date of Birth</b> (MM/DD/YYYY)	<b>3. Enrollment Number</b> (e.g. 202U123456)
Section B: Contact		
<b>1a. Mailing Address: Street or P.O. Box #</b>	<b>1b. City</b>	<b>1c. State</b>
<b>1d. Zip Code</b>		
<b>2a. Street Address: Street # (if different from Mailing Address)</b>	<b>2b. City</b>	<b>2c. State</b>
<b>2d. Zip Code</b>		
<b>3. Home Phone</b>	<b>4. Cell Phone</b>	<b>5. Email Address</b>
Section C: Acknowledgement		
I hereby acknowledge that the above and attached information is true and correct and formally request to be considered head of my own household.		
_____		_____
(SIGNATURE OF APPLICANT OR PARENT/LEGAL GUARDIAN)		(DATE)
Enrollment Office Use Only		
<b>Family Number</b>	<b>Date Entered</b>	<b>Enrollment Staff — Print Name and Sign</b>