

# 2022 OTC Check Claim Form

Return all forms to:

Attn: OTC/PRC- Elena or Amy

Cow Creek Band of Umpqua Tribe of Indians

2589 NW Edenbower Blvd, Roseburg OR 97471

EMAIL: [info-OTC@cowcreek.com](mailto:info-OTC@cowcreek.com) PHONE: 1-541-677-5515 FAX: 1-541-670-1792

- A separate form is required for each Adult Enrolled Tribal Member in the household.
- Enrolled Tribal Youth of the same household and under the age of 18 (On or before 12/31/2022) can be included on only ONE of the Tribal Member Parents' forms.
- A separate form is required for each Tribal Youth under the age of 18 (On or before 12/31/2022) living in a different household than their Tribal Member Parent. If you are NOT a Tribal Member, but are the legal guardian completing this form on behalf of a Tribal Member living in your household, please enter your information in the top section of this form and also enter the dependent Tribal Member(s) information in the Tribal Dependent section below.
- You will need to fill out a new form every year.
- **You are limited to a one-time payment per calendar year. This year's form must be received no later than 12/15/2022.**

## FULL LEGAL NAME

First Name	Middle Name	Last Name

## TRIBAL ID NUMBER (TID#)

## Date of Birth (DOB)

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## MAILING ADDRESS (Street Address – Including Apt or Space #/PO Box)

City	State	Zip Code

## EMAIL ADDRESS

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## PHONE (INCLUDING AREA CODE)

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**PLEASE LIST ALL TRIBAL DEPENDENTS UNDER THE AGE OF 18 LIVING IN YOUR HOUSEHOLD. INCLUDE FULL NAME, TID#, AND AGE.**

Attach a separate page if more than four.

FIRST NAME	MIDDLE NAME	LAST NAME	TID#	DOB

**Your signature is required to process OTC requests. Without a signature, this OTC request is invalid and will not be processed.**

By my signature, I attest that the above information is true and accurate. I understand that accepting payment under false pretenses may result in a reduction in my future Tribal Benefits.

\_\_\_\_\_  
Signature of Tribal Member (or legal guardian)

\_\_\_\_\_  
Date Signed