



Houlton Band of Maliseet Indians
Health & Wellness Center
3 Clover Circle
Houlton, ME 04730
Tel: (207) 532-2240 Fax: (207) 532-2402

30 Day Residency Form

I am an enrolled member of a Federally Recognized Indian Tribe and have submitted documentation, such as Birth Certificate showing descendency to a member of a Federally Recognized Tribe or a letter certifying membership in a Federally Recognized Indian Tribe. I am requesting the following services through the Houlton Band of Maliseet Indians:

- Direct Health Program Services (i.e., Alcohol, Youth, Health & Educational Programs.)
- Purchased and Referred Care (PRC) formally Contract Health Services (CHS)
- Social Services Program

My permanent address is: _____

Family dependents and other members living in my household and their relationship are as follows:

_____	_____
_____	_____
_____	_____

I understand according the Tribal Resolution Number 03-06-85-02, that I am not eligible for services until permanent residence is established in Aroostook County and a minimum of 30 days has elapsed. I must submit proof of such permanent residency such as a valid driver's license, rent receipt, employment stub, or utility bill, etc.

Client Signature

Date

After review of submitted documentation showing permanent residency and status as a Federally Recognized Indian, the following individuals are eligible as follows:

DATE ELIGIBILITY BEGINS: _____

_____	_____
_____	_____
_____	_____

Dept. Program Supervisor: _____

Dept. Director Signature: _____