



HOOPA VALLEY TRIBAL TANF PROGRAM
 PO Box 728, Hoopa, California 95546
 530-625-4816 phone/530-625-4826 fax

REQUEST FOR INFORMATION

Date: _____

Name: _____

Case Worker: _____

1. Please indicate any request for your Case Worker such as: benefit summary, copies of specific documents etc. If information must be faxed please provide name and/or agency the documents should be addressed to, along with a fax number. For time sensitive documents please provide due date for requested information.

2. Please provide your name and best way to reach you so your Case Worker can follow up with you regarding any questions.

Client Signature

Date