



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

VENDOR INFORMATION

Vendor Name: _____ Date: _____

Social Security Number: _____ (Required)

Mailing Address: _____

If Child Care Provider

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

Other Information: _____

Wood Vendor: _____ Child Care: _____ Protective Payee: _____

Other: _____

 Vendor's Signature

 Date

Note: HVT Fiscal Department may file an IRS 1099 Misc. Income Form on each individual who provides services to this program, and vendors are not employees.

To be completed by HVTTP Staff Only

Date Received _____ Entered: _____ Staff Signature: _____