

Lac Courte Oreilles (LCO)
Mino-bimaadiziwin Assistance Payment to LCO Tribal Members
Authorization to Release Check Form

I, _____, Enrollment ID# _____, am certifying that I am unable to pick up my Mino-bimaadiziwin Assistance Payment myself. I qualify to have the payment picked up on my behalf because of one of the following approved circumstances:

(please check one box)

Active-duty Military Assisted Living Hospital Incarcerated Home-bound/Disability*

I am authorizing the individual listed below to pick up my Mino-bimaadiziwin Assistance Payment. I understand that by signing this form, I release LCO of any liability for the check once it is given to the person I have identified below and have authorized to pick up the check on my behalf.**

Authorized Individual Printed Full Name (first, middle, last)

Address

**Tribal member must submit a written statement regarding eligibility for payment if home-bound*
***Person authorized to pick up the check must present an ID to verify that they are the person designated by the individual who has completed this form.*

I authorize the person listed above to pick up my Mino-bimaadiziwin Assistance Payment on my behalf.
(please print, sign, and date this form below in the presence of a notary)

Printed Name

Date

Signature

NOTARY

Signed or attested to before me on this ____ day of _____, 2024,
by _____
in _____ County, State of _____

Notary Public, State of _____

My commission (is permanent) (expires: _____).

NOTARY SEAL



I submitted an ID to verify my identity and I picked up the Mino-bimaadiziwin Assistance Payment check on behalf of the above-named individual.

Printed Name

Date

Signature

Clerk Initials