

USDA NEWS

Submitted by: Sylvia Brock

The USDA Food Distribution for Salem will be April 9, 10, and 11, 1990 from 8:00 a.m. to 12:00 noon and from 1:00 p.m. to 4:30 p.m. in Salem to the last appointment. The Siletz USDA Food distribution in April will be the 11th, 12th, and 13th, 1990. Sharon will be in Salem and I will be open in Siletz. We need time to complete our paper work, so if you could help us by keeping your appointments, then we could have the extra time to work on our Administrative duties to provide you a better service.

THIS IS A WARNING: IF YOU ARE ASKED TO BRING IN DOCUMENTATION TO UPDATE YOUR FILE AND YOU DO NOT BRING IT IN, YOU WILL BE REFUSED FOOD UNTIL YOUR FILE IS UP TO DATE.

We are looking for a new warehouse site in the Salem area. We will keep you posted as to any change of address.

IF YOU INTEND TO CLOSE YOUR FILE BECAUSE OF OVER INCOME OR GOING TO FOOD STAMPS, PLEASE WRITE OR CALL SO THAT WE MAY PROPERLY CLOSE YOUR FILE.

SKILLET BEEF AND MACARONI:

- 1 Can of beef
- 1/4 chopped onion
- 1 can tomato sauce
- 1 can whole kernel corn, drained
- 1 cup cooked macaroni
- 2 teaspoon chili powder
- 1/2 teaspoon seasoned salt
- 1/2 cup shredded cheese

Cook beef and onion in a skillet until sauteed, (fully heated) drain well. Stir in next five ingredients. Simmer, stirring occasionally, 5 or 10 minutes or until thoroughly heated. Stir in cheese. Makes 4 to 6 servings.

This facility is operated in accordance with U.S. Department of Agriculture Policy, which prohibits discrimination on the basis of race, color, sex, age, handicap, religion, or national origin. Any person who believes he or she has been discriminated against in any USDA-related activity should write to:

ADMINISTRATOR
Food & Nutrition Service
3101 Park Center Drive
Alexandria, VA 22302



DEATH BENEFIT BENEFICIARY DESIGNATION FORM

I _____ Hereby designate
(Please Print Full Name)

1st Beneficiary: _____
(Please print full name)

Beneficiary's current address

City State Zip Code

Beneficiary's telephone number

as my beneficiary for the \$5,000 death benefit insurance.

Signature _____ Parent signature if minor _____

Social Security No. _____ Roll No. _____

Date of Birth _____ Date _____

Return completed form to:
Confederated Tribes of Siletz
D.B. Insurance
P.O. Box 549
Siletz, OR 97380

[] CHECK HERE IF THIS IS A CHANGE IN BENEFICIARY OR BENEFICIARY ADDRESS:

(OPTIONAL)

2nd Beneficiary: _____
(Please print name)

Current address

Phone No.

3rd Beneficiary: _____
(please print name)

Current address

Phone No.

TRIBAL
CHANGE FORM

NAME: _____ (Maiden) _____

ROLL NO.: _____ DATE OF BIRTH: _____ Social Security No. _____

PLEASE CHANGE YOUR RECORDS TO SHOW THE FOLLOWING:

Change of Address

From: _____

To: _____

Effective Date: _____

Change of Name

From: _____

To: _____

Effective Date: _____

Reason for change: Marriage Court order Other Copy attached

If Court order, please specify below.

Signature _____

Date _____

Address _____

Send to: Confederated Tribes of Siletz
Enrollment Dept.
P.O. Box 549
Siletz, OR 97380