

WRA 76

706

Case No. GR VIII

APPLICATION FOR PUBLIC ASSISTANCE GRANT

Project Granada Relocation Project

Date 2/2 19 44

Copy

Applicant's Name Yuike Donato

Address 67-5C Amache, Colorado

Family Composition

List Head of Family and Other Members of Household	Relation To Head	Age	Sex	Working		Not Working		Reason Unable To Work	Children in School	
				Yes	No	Seeking Work	Unable To Work		Yes	No
1. Yuike	Head		F	X						
2.										
3.										
4.										
5.										
6.										
7.										
8.										

Financial Statement

Assets	\$ _____	Liabilities	\$ _____
.	\$ _____	\$ _____
.	\$ _____	\$ _____
Total	\$ _____	\$ _____

Cash income during last 90 days \$ _____

(Over)

I hereby certify that the above information is true and correct to my best knowledge and belief and that my resources are not adequate to meet the essential needs of myself and my family.

(Signature) _____

Report

Wrote to accompany evacuee patients to
Denali + return. Expense related in regard
to work of welfare division

Applicant's Needs are:

Meals @ \$1.00 = 6 days = \$18.00 =
Lodging @ \$2.50 = 5 night = 12.50
\$30.50

Recommendation:

Application ~~is~~ requested:

(Cross out
(inapplicable
(statement.

Grant approved in the amount of \$ _____

Date _____

(Head, Public Welfare Section)

Grant Paid _____
(Date)

Voucher No. _____

Amount . . . \$ _____

WAR RELOCATION AUTHORITY
OFFICE FOR EMERGENCY MANAGEMENT

REQUESTS FOR TRAVEL AUTHORIZATION

Appropriation _____

Allotment Symbol _____

Estimated Expense _____

Date 2-2-44

Name Dowds, Yui Ko

Title Evacuee Travel

Official Station Amache Reloc. Center

Division Comm Serv. Public Relief

Travel from: ~~by train~~ honor, Colo.
and return.

To: Denver, Colo.

Purpose of Travel: To accompany evacuee patients to Denver for medical care unavailable at Center.

Date Effective 1/9/44

Terminating approximately 1/10/44

If period of travel is in excess of one month and definite itinerary cannot be determined please state in detail justification for general travel:

Per diem allowance recommended _____ Number of transportation requests required _____

Mode of travel is requested as indicated by letter "X."

- (a) Common carrier
- (b) Air line
- (c) Privately owned automobile on a mileage basis not to exceed cost by common carrier.
- (d) Privately owned automobile on a mileage basis at the rate specified below which has been administratively determined in advance to be more economical and advantageous to the United States.
- (e) Privately owned automobile on a mileage basis at the rate specified below when it is determined to be more economical and advantageous to the United States. As the economy and advantage has not been determined in advance a comparative cost statement must be submitted with expense voucher. See paragraph 12 (a) of Travel Regulations.

Mileage rate _____

(f) Special authority:

Justification of mode of travel is other than common carrier:

Approved _____

Title _____

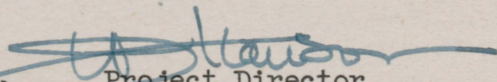
WAR RELOCATION AUTHORITY
CITIZEN'S SHORT-TERM LEAVE

This is to certify that Yuriko Domoto,
a. United States citizen residing in Block No. 6F-5C
within Granada Relocation Area is allowed to
leave such area on January 10, 1941, to go to:
Denver, Colorado

for the following purpose:

To accompany patients who are leaving for Denver, Colorado
for medical care

and is required to return to such relocation area via _____
as soon as such purpose has been achieved, and in any event to reach
such area by 12P M., on January 11, 1941. No delay
and no travel not necessary to the above purpose is authorized. This
leave is subject to the terms of the regulations of the War Relocation
Authority relating to issuance of leave for departure from a reloca-
tion area and subject to any special conditions or restrictions set
forth on the reverse side hereof.


For the Project Director

(over)

This leave is subject to the following special conditions or restrictions:

WAR RELOCATION AUTHORITY
CITIZEN'S SHORT-TERM LEAVE

This is to certify that Yuriko Tomoko
a United States citizen residing in Block No. 02-50
within Granada Relocation Area is allowed to
leave such area on January 13, 1942 to go to
Denver, Colorado

for the following purposes:
to accompany patients who are leaving for Denver, Colorado
for medical care

and is required to return to such relocation area as
soon as such purpose has been achieved, and in any event to reach
such area by 12 P.M. on January 14, 1942. No delay
and no travel not necessary to the above purpose is authorized. This
leave is subject to the terms of the regulations of the War Relocation
Authority relating to issuance of leave for departure from a reloca-
tion area and subject to any special conditions or restrictions set
forth on the reverse side hereof.

~~For the
District Director~~



WAR RELOCATION AUTHORITY

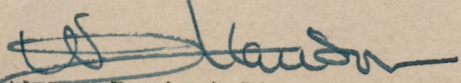
CITIZEN'S SHORT-TERM LEAVE

This is to certify that Yuriko Domoto,
a citizen of Japanese ancestry residing in Block No. 6F-5C
within Granada Relocation Area is allowed to
leave such area on January 17, 19 44, to go to:
Pueblo, Colorado

for the following purpose:

Welfare work

and is required to return to such relocation area via _____
as soon as such purpose has been achieved, and in any event to reach
such area by 12P M., on January 18, 19 44. No delay
and no travel not necessary to the above purpose is authorized. This
leave is subject to the terms of the regulations of the War Relocation
Authority relating to issuance of leave for departure from a reloca-
tion area and subject to any special conditions or restrictions set
forth on the reverse side hereof.


For the Project Director

(over)

This leave is subject to the following special conditions or restrictions:

[Faint, illegible text, possibly bleed-through from the reverse side of the page]

[Faint, illegible text, possibly bleed-through from the reverse side of the page]

[Faint signature or stamp]

WRA 76

70⁶ - 43

Completed

Case No. GR VIII

APPLICATION FOR PUBLIC ASSISTANCE GRANT

Project Granada Relocation Project

Date 1/7 1944

Applicant's Name Donato, Yunko

Address 6F-5C Amache, Colorado

Family Composition

List Head of Family and Other Members of Household	Relation To Head	Age	Sex	Working		Not Working		Reason Unable To Work	Children in School	
				Yes	No	Seeking Work	Unable To Work		Yes	No
1. Yunko	Head	4	F	X						
2.										
3.										
4.										
5.										
6.										
7.										
8.										

Financial Statement

Assets \$ _____ Liabilities \$ _____
. \$ _____ \$ _____
. \$ _____ \$ _____
Total \$ _____ \$ _____

Cash income during last 90 days \$ _____ (Over)

I hereby certify that the above information is true and correct to my best knowledge and belief and that my resources are not adequate to meet the essential needs of myself and my family.

(Signature) _____

Report

Wanted to accompany 4 evacuee patients to Denver + return. Expense in regard to work of welfare division

Applicant's Needs are:

meals	@ 1.00 meal = 5 days =	15.00
Hotel Hotel	@ 2.50 night = 4 nights =	10.00
		<u>25.00</u>

Recommendation:

Application ~~xxxxxxxxxxxx~~: (Cross out
Grant approved in the amount of \$ _____ (inapplicable
(statement.

Date _____
(Head, Public Welfare Section)

Grant Paid _____
(Date)

Voucher No. _____

Amount . . . \$ _____

(Over)

COMP

WAR RELOCATION AUTHORITY
OFFICE FOR EMERGENCY MANAGEMENT

REQUESTS FOR TRAVEL AUTHORIZATION

Appropriation _____

Allotment Symbol _____

Estimated Expense _____

Date 1-14-44

Name Domato, Guido

Title Evacuee Leader

Official Station Amache Reloc. C

Division Common Serv; Public Welfare

Travel from: Ganado, Colo

To: Pueblo, Colo

Purpose of Travel: To go to Pueblo regarding welfare dep't. work.

Date Effective 1/17/44

Terminating approximately 1/17/44

If period of travel is in excess of one month and definite itinerary cannot be determined please state in detail justification for general travel:

Per diem allowance recommended _____ Number of transportation requests required _____

Mode of travel is requested as indicated by letter "X."

- (a) Common carrier
- (b) Air line
- (c) Privately owned automobile on a mileage basis not to exceed cost by common carrier.
- (d) Privately owned automobile on a mileage basis at the rate specified below which has been administratively determined in advance to be more economical and advantageous to the United States.
- (e) Privately owned automobile on a mileage basis at the rate specified below when it is determined to be more economical and advantageous to the United States. As the economy and advantage has not been determined in advance a comparative cost statement must be submitted with expense voucher. See paragraph 12 (a) of Travel Regulations.

Mileage rate _____

(f) Special authority:

Justification of mode of travel is other than common carrier:

Approved _____

Title _____

APPLICATION FOR PUBLIC ASSISTANCE GRANT

Project Granada Relocation Project

Date 1/14 1944

Applicant's Name Donato, Yunque

Address 750 Amache, Colorado

Family Composition

List Head of Family and Other Members of Household	Relation To Head	Age	Sex	Working		Not Working		Reason Unable To Work	Children in School	
				Yes	No	Seeking Work	Unable To Work		Yes	No
1. Yunque	Head									
2.										
3.										
4.										
5.										
6.										
7.										
8.										

Financial Statement

Assets	\$ _____	Liabilities	\$ _____
.	\$ _____	\$ _____
.	\$ _____	\$ _____
Total	\$ _____	\$ _____

Cash income during last 90 days \$ _____

(Over)

I hereby certify that the above information is true and correct to my best knowledge and belief and that my resources are not adequate to meet the essential needs of myself and my family.

(Signature) _____

Report

Evacuee Travel: Expense in regard to work of welfare division

Applicant's Needs are:

Road trip from hemiar to Pueblo
Meals @ 1.00 meal =

\$ 5.12
3.00

\$ 8.12

Recommendation:

~~Application requested:~~

(Cross out
inapplicable
statement.)

Grant approved in the amount of \$ _____

Date _____

(Head, Public Welfare Section)

Grant Paid _____
(Date)

Voucher No. _____

Amount . . . \$ _____

Carle

APPLICATION FOR PUBLIC ASSISTANCE GRANT

Project Granada Relocation Project

Date 2 | 17 1944

Applicant's Name Y. Demoto

Address 67-5C Amache, Colorado

Family Composition

List Head of Family and Other Members of Household	Relation To Head	Age	Sex	Working		Not Working		Reason Unable To Work	Children in School	
				Yes	No	Seeking Work	Unable To Work		Yes	No
1. <u>Yamiko</u>	Head		<u>F</u>	<u>X</u>						
2.										
3.										
4.										
5.										
6.										
7.										
8.										

Financial Statement

Assets \$ _____	Liabilities \$ _____
. \$ _____ \$ _____
. \$ _____ \$ _____
Total \$ _____ \$ _____

Cash income during last 90 days \$ _____

(Over)

I hereby certify that the above information is true and correct to my best knowledge and belief and that my resources are not adequate to meet the essential needs of myself and my family.

(Signature) _____

Report.
Expense Travel : Expenses incident to the medical-welfare case requiring series of interviews with doctor in Denver and a psychiatric case for medical attention in Pueblo. ~~Medical case unavailable in Center.~~
Please refer to ~~case record for detail~~ Associate Counselor for further details.

Applicant's Needs are: Denver = \$57.91
Pueblo = 6.70
\$ 64.61

Recommendation: \$ 64.61

Application ~~xxxxxx~~ stated: (Cross out
Grant approved in the amount of \$ _____ (inapplicable
(statement.)

Date _____
(Head, Public Welfare Section)

Grant Paid _____
(Date)

Voucher No. _____

Amount . . . \$ _____