



# Pokegnek Bodewadmik Ogitchedaw Emergency Fund Request Application

Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Are you a Pokagon Band Citizen? Y N Tribal ID#: \_\_\_\_\_

If No, do you live with a Tribal Citizen? Y N Name: \_\_\_\_\_

Registered w/Ogitchedaw: Y N

Branch of military: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Describe the Emergency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Write on back or attach additional paper if more space is needed.*

Why are you unable to cover the Emergency? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Write on back or attach additional paper if more space is needed.*

Date Emergency Assistance is needed by: \_\_\_\_\_

Has anyone in your household received assistance in the past from Pokegnek Bodewadmik Ogitchedaw? \_\_\_\_\_ If yes,

what was the date? \_\_\_\_\_ and amount? \_\_\_\_\_



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List all members of the household in the past Calendar Year? Indicate if they are Tribal Citizens and their TID #:

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If the discharge was anything other than Honorable provide explanation below with supporting documentation: *use back if additional space is needed.*

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Are you applying on behalf of a Veteran? If so, please print your name and state your relationship.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

\*\* By signing below I understand that my application will be discussed in a closed meeting and that information on this application is confidential.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only:

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_

Approved: Y N Amount: \_\_\_\_\_

Additional Comments:



## Pokegnek Bodewadmik Ogitchedaw Emergency Fund Request Application

To help the Veterans Board process your application in a timely manner, please use this checklist to ensure that your emergency request submission is complete.

This package must include the following documentation:

\_\_\_\_\_ Completed Pokegnek Bodewadmik Ogitchedaw Emergency Request Form

\_\_\_\_\_ Completed Pokegnek Bodewadmik Ogitchedaw Membership Form (if not enrolled)

\_\_\_\_\_ Copy of Tribal Membership Card

\_\_\_\_\_ Proof of Pokagon Services (Acceptance and Denial)-Recommended

\_\_\_\_\_ Proof of Service (one from the list must be submitted)

United States Defense Department Form 214, Certificate of Military Services, or other form (including, but not limited to NGB-22, DARP Form 249-2-E, ARPC Form 606, NRPC 1070-124, AF-526, NAVMC-798, CG-4175) issued by the United States military proving the applicant's military service and discharge other than dishonorable

If the applicant is currently serving in the National Guard or the Reserves, then the applicant must provide a Statement of Service on military letterhead signed by the adjutant, personnel officer or commanding officer of the unit, or other form (including, but not limited to NGB-22, DARP Form 249-2-E, ARPC Form 606, NRPC 1070-124, AF-526, NAVMC-798, CG-4175) issued by the National Guard or the Reserves proving the applicant's current military service

\_\_\_\_\_ Completed W-9 Form(s) for applicant and if required for vendor/contractor.

\_\_\_\_\_ Copy of Invoice or Vendor Information.



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## Program description:

1. Provides emergency assistance. Copy of policy sent \_\_\_\_\_.
2. The award is limited to up to \$1,500.00 for one-time assistance and 1 times a year per household.
3. Last resort for assistance.
4. Program is available to tribal veterans and in limited situations, tribal spouses.
5. Funds available on a first come, first serve basis.
6. Decision is final.

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## For Office Use Only

Is Form Complete? \_\_\_\_\_

Number: \_\_\_\_\_

-If No, then what is missing?

Verified Pokegnek Bodewadmik Ogitchedaw member? \_\_\_\_\_

Verified Pokagon Band of Potawatomi tribal member? \_\_\_\_\_

-If No, then state how they qualify according to code:

Forwarded to Secretary and Chairman \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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Meeting Date/Time: \_\_\_\_\_

Decision: Approve                  Deny

Reason according to Code: \_\_\_\_\_

Notification to Applicant by: Phone    Email    in person    Date: \_\_\_\_\_ By: \_\_\_\_\_

Notification Letter sent on: \_\_\_\_\_



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