



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 #:

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

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:



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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. Can apply for the award multiple times. Not to exceed \$1500 dollars per 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.

For Office Use Only

Is Form Complete? _____

Number: _____

-If No, then what is missing?

Verified Pokegnak 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: _____

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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