



Pokégnek Bodéwadmik
POKAGON BAND OF POTAWATOMI
ELDER'S COUNCIL

POKAGON BAND OF POTAWATOMI INDIANS ELDER EMERGENCY ASSISTANCE PROGRAM

APPLICATION

- Completed Applications must be delivered in person, by U.S. Mail, by email, or by fax. If delivered **in person**, the completed Application must be delivered to Beth Warner, Elders Council Specialist at Elders Hall, 53237 Townhall Road, Dowagiac, MI 49047, or **by mail** to Beth Warner, Elders Specialist, PO Box 180, Dowagiac, MI 49047, or **by Email** to Beth.Warner@pokagonband-nsn.gov, or **by Fax** to (269) 782-1696.
- The Elder Emergency Assistance Program is governed by the Emergency Assistance Program Policy (“Policy”), copies of which are available at Elders Hall or on the Band’s website.
- Elder Emergency Assistance is subject to available funding and will be awarded on a first-come, first served basis, but priority among applications may be determined based on the greatest emergency need. All other available Band assistance programs must be exhausted before seeking Elder Emergency Assistance.
- If you have questions or need assistance with this Application, please contact Beth Warner, Elders Specialist at (269) 782-0765.

Name _____ Date _____

Telephone Number _____ Date of Birth _____

Band Enrollment Number _____

Physical Address _____

Mailing Address (if different) _____

Rent Own

Email _____ Fax _____

Spouse’s Name _____

List all persons who reside at the above principal residence.

_____	_____
_____	_____
_____	_____
_____	_____

Describe **in detail** the need for Emergency Assistance.

State the amount of Emergency Assistance requested: \$_____

Describe all other Pokagon Band assistance programs that you have applied for to meet the need, including the dates of application. **You must exhaust all other available Pokagon Band assistance programs before seeking Emergency Assistance.**

Describe the reasons you are not able to meet the need.

List the name, address and telephone number of any Vendor that has, is or will provide any service or perform work, all or a portion of which will be paid for with the Emergency Assistance, such as a seller of goods or contractor. **You must submit with this Application, the estimate from the Vendor.**

Do you seek Emergency Assistance under Subparagraph 3(c) of the Policy (i.e. Payment for food, clothing, shelter or similar expenses when necessary for the health or safety of the Elder, as determined by the Elders Council, excluding rent or mortgage payments for the Elder's principal residence)?

Yes No

Subject to the Policy, if you marked "Yes", to the above question, any payment will be made directly to the Elder identified above, and if you marked "No", to the above question, any payment will be made directly the Vendor identified above.

During the current calendar year (January 1st – December 31st), have you or anyone else in your household **received** any assistance for this need under any of the following Pokagon Band programs:

Elder Emergency Assistance Program? Yes No

Emergency Services Program (Department of Social Services)? Yes No

Repair and Rehabilitation Program (Department of Housing)? Yes No

Any other Pokagon Band assistance program? Yes No

If you marked "Yes" to any of the above, then for each type of assistance received, state the **date**, **amount** and **reason** for the assistance:

You must submit with this Application, the following documentation (if applicable).

Estimate from Vendor. Attached Not Applicable

Documentation (such as a deed, mortgage statement or property tax bill) showing that you own your principal residence. Attached Not Applicable

Documentation (such as insurance claim information or police report) showing that your principal residence was destroyed or damaged. Attached Not Applicable

The Applicant hereby certifies that the above information is true, complete and correct in all respects.

_____ **Date:** _____
Applicant's Signature

FOR ELDERS COUNCIL USE ONLY

Date the Application was received by Elders Council Specialist _____

Method the Application was delivered _____

On _____ **the Elders Specialist determined that this Application:**

- Does not comply with the requirements of the Policy, or that the application is not otherwise complete. The Elders Specialist informed the Applicant of this determination** **in writing,** **electronically**

or orally on: _____.

- Does comply with the requirements of the Policy and is otherwise complete.**

Date the Application was provided to Elders Council _____

Date of the decision on the Application _____

The decision was made by Motion **or Resolution**

The Emergency Assistance was Denied **or Approved**

The reason for denial was: _____

The date that the Elders Council notified the Elder of its decision: _____.

The notice was delivered:

- in person**
 by U.S. mail
 by email
 by fax

The date the Elders Council directed staff to submit a payment request to the Finance Department: _____.

The date Elders Council staff submitted a payment request to the Finance Department:

_____.
