



EMERGENCY & EMERGENCY TRAVEL ASSISTANCE APPLICATION FORM

Name: _____

First

Middle

Last

(Maiden)

Address: _____

City: _____ State: _____ Zip Code: _____ Applicant Phone: _____

Delaware Tribal Registration Number: _____ Date of Birth: _____ Age: _____

Programs:

- **(EMERGENCY)**: Provides emergency assistance to Delaware Tribal members. Funds are to be used for Emergency situations. Documentation must be provided. Applicants must utilize all other community resources prior to application. Funds are allocated up to \$200 and will be disbursed as determined by the Community Service Committee on a case-by-case basis. **Receipt or proof of expenditure must be provided.**
- **(EMERGENCY TRAVEL)**: Provides assistance for Delaware Tribal members to include, but not limited to, health/medical transportation costs, assistance and/or other related costs. Emergency travel designated as personal health, physician's statement of need must be submitted, death of a family member (parent, brother, sister or grandparent), death certificate or obituary must be submitted prior to approval. This is a once per calendar year assistance not to exceed \$200.

Required Documentation:

- ✓ Copy of service provided billing/estimate or receipt. Provider name, address, phone, contact person and date of service **MUST** accompany the application.
 - ✓ Copy of a photo ID (Driver's license, tribal photo ID) and Tribal enrollment card **MUST** accompany the application. Contact Enrollment Office for Cards.
 - ✓ A short statement about situation for which assistance is requested.
 - ✓ **Income Verification Form** listing all sources of monthly income and documented proof of income.
- Incomplete applications are not considered.***
- Approval of application must be obtained prior to the service payment.
 - Non-Tribal members are not eligible for services.

Vendor/Provider Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Applications are approved on a case by case basis. Emergency applications are considered as received. Any tribal member purposely attempting to defraud the committee will be ineligible for any community service program for a period of one (1) year. (Applications are subject to change) **Verification of Income shall be required.*

Community Service Committee Use Only:

Approved By: _____ Date: _____

Total Amount: \$ _____

Denied By: _____ Date: _____

Reason for Denial: _____

Community Service Committee

Program Income Limits

*Applicants for all Community Service Programs must complete this form regarding income verification with the exception of Burial Assistance. Income verifications are required and **MUST** accompany the application in order for application to be considered. Include this form with completed program application. **Please list all income in the household (salaries, interest income, disability, social security, child support, unemployment, etc.) and provide the most current documentation of listed income such as pay-stubs, statements, etc.**

Income limits for Community Services

Number of people in household:

1	2	3	4	5	6	7	8
\$36,848	\$42,112	\$47,376	\$52,640	\$56,851	\$61,062	\$65,274	\$69,485

1. How many members are in the household _____
2. Total gross household income _____
3. List all sources of income _____

By signing this form, I acknowledge that the information I have provided is true and/or correct to the best of know knowledge.

Signature of Applicant

Date

Personal statement: