



EMERGENCY & EMERGENCY TRAVEL ASSISTANCE APPLICATION FORM

Name: _____
First Middle Last (Maiden)

Address: _____

City: _____ State: _____ Zip Code: _____

Delaware Tribal Registration Number: _____

Date of Birth: _____ Age: _____ Applicant Phone: _____

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. **Appliances and home furnishings are not allowed.** Funds are allocated up to \$200 and will be disbursed as determined by the Community Service Committee on a case-by-case basis.
- **(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.
- 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) *Also, Verification of Income shall be required****

Community Service Committee Use Only:

Approved/Denied By: _____ Date: _____

Total Amount: \$ _____

Reason for Denial: _____

Revised: August 2015

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 (1099, W-2, interest income, disability, social security, child support, unemployment, etc.)

Income limits for Community Services

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