



EMERGENCY & EMERGENCY TRAVEL ASSISTANCE APPLICATION FORM

Name: _____
First Middle Last (Maiden)

Address: _____ Email 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. . Applicants must utilize all other community resources prior to application. Funds are allocated up to \$25.00 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), verification must be submitted prior to approval. This is a once per calendar year assistance not to exceed \$25.00.

Required Documentation:

- ✓ 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
\$38,080	\$43,520	\$48,960	\$54,400	\$58,752	\$63,104	\$67,456	\$71,808

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: