

Emergency Assistance Policy

Effective Date: 10/29/2019

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Introduction

Simple introduction and background to proposed policy.

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Emergency Assistance Policy

Purpose

The Chehalis Tribal Emergency Assistance Policy is to offer limited financial assistance through a monetary donation to enrolled Chehalis Tribal Members who are experiencing economic hardship due to specific emergencies. It is intended to assist in the event of an emergent or crisis situation when no other funding source is available.

Emergent situations are defined as unexpected events that have a significant impact on the person's health, safety or welfare or may pose a threat to the health, safety or welfare of the individual if the assistance is not available. This program aids in emergent situations for the following costs: medical travel, Terminal Illness/Bereavement travel assistance, or emergency home repair.

Scope

This policy is meant to aid and is not considered to be full coverage of all costs. The individual must pay any costs not covered by this policy. Recurrent costs for utilities, rent, mortgage, insurance, etc. are not considered emergencies for this policy.

Medical travel assistance may be granted to Chehalis Tribal Members to help with travel costs for the attendance of medical appointments for self or to support a loved one in medical care.

Terminal Illness/Bereavement travel assistance may be granted to Chehalis Tribal Member to help with travel costs to be with family of a loved one who is terminally ill or to be with family of a loved one who passed away.

Travel costs assistance to attend the funeral of a loved one is **NOT** covered by this program. **SEE Funeral Allowance Policy.**

Funding

Availability of funds may vary from year to year depending on monies appropriated by the Business Committee. The existence of the Emergency Assistance Program does not constitute an entitlement of funds.

Request Process and Responsibilities

The Social Services Director or designee is the contact for assistance with any eligible allowances the Tribal Member. The assigned contact will assist the Tribal Member through the process of securing the funding allowance, submitting appropriate receipts and paperwork, and ensuring the check requests for expenses are submitted.

The Social Services Director or designee will be responsible for the following:

- Submit the necessary requisition to request a vendor check for payment or gas card assistance
- Manage the submission of expenses to ensure the allowance amount is not exceeded
- Collect information needed to determine eligibility

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The Tribal Member requestor will be responsible for the following:

- Complete the Emergency Assistance Program application
- Turn in all necessary paperwork to support the approval of the application (three bids, W-9, etc.)

Medical Travel and Terminal Illness/Bereavement Travel Assistance Allowances

The following describes the amount available and the eligibility for said allowances:

Allowances for Emergency Travel Cost Assistance				
ELIGIBILITY	GAS CARD	CUT CHECK	TOTAL	FREQUENCY
51-100 miles RT	\$25	\$0	\$25	Up to \$500 in a calendar year per individual
101-149 miles RT	\$50	\$0	\$50	
+150 miles RT	\$0	\$75	\$75	
Overnight Stay	\$0	\$100	\$100	
Multiple Night Stays	\$100	\$100	\$200	

- All checks and/or gas cards will be issued from the Chehalis Tribal Accounting Department.
- Assistance cannot exceed \$500 in a calendar year per Chehalis Tribal Member.
- Assistance will not be available 45 days after annual or supplemental lump sum per capita distribution.
- A retroactive claim for Medical travel assistance or Terminal Illness/Bereavement Travel Assistance is not permissible.
- A request on behalf of Tribal Member minors are for Terminal Illness/Bereavement Travel Assistance **ONLY**.

Paperwork Requirements for Medical and Terminal Illness/Bereavement Travel Assistance

The applicant must provide mileage for travel assistance from travel start point to destination to determine assistance amount permissible in this policy.

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Emergency Home Repair Assistance Allowances

Emergency Home Repair Assistance is for Chehalis Tribal Members only. Emergency Home Repair Assistance may cover costs associated with necessary housing remodels and repairs due to a health or safety issue to the resident(s) not to exceed \$5,000. Funding will be provided only in the event there is health or safety issue. Examples of such needs are: wheelchair ramps, handicapped bathroom access, or roof repair.

Emergency Home Repair Assistance can be used once in a lifetime per Chehalis Tribal Member.

The requestor is responsible for the balance paid to the contractor if the cost for the work exceeds the allowable limit. The check will be issued from the Chehalis Tribal Accounting Department. All checks will be made payable to the vendor only.

Paperwork requirements for Emergency Home Repair Assistance

The Chehalis Tribal member requestor must provide proof of homeownership in their name. The home must be the requestor's primary residence. An assessment may be requested by the Department prior to authorizing. Certain requests must be accompanied by a medical assessment not covered by insurance including Medicare or Medicaid.

The vendor must provide a W-9 to the Chehalis Tribal Accounting office for a check request to be processed. The vendor must also have a current business license available from the Chehalis Tribal Planning Department for services performed on the Chehalis Reservation.

All Emergency Home Repair Assistance payments must comply with the Tribe's Procurement Policy.

A retroactive claim for Emergency Home Repair Assistance is not permissible.

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Emergency Travel Cost Assistance Form

CONTACT INFORMATION:

Requestor Name: _____ Requestor Tribal Enrollment #: _____

Physical Address: _____

Mailing Address: _____

Primary Phone # _____ Secondary Phone # _____

REQUESTS ON BEHALF OF MINOR (for Terminal Illness/Bereavement Travel Cost Assistance ONLY):

Request is for Tribal Member Minor (circle one) Yes No

If answered yes, Tribal Member Name _____ Enrollment # _____

Requestor's relationship to the minor child: Parent _____ Guardian _____ Other _____

CHECK ONE BELOW (Total cost assistance for the calendar year cannot exceed \$500 per individual):

☐ Medical Travel Cost Assistance to: _____

Round Trip Mileage _____ (If applicable) # of Overnight Stays _____

☐ Terminal Illness/Bereavement Travel Cost Assistance to: _____

Round Trip Mileage _____ (If applicable) # of Overnight Stays _____

I have read and understand the Emergency Assistance Policy and agree to the terms and conditions. I further recognize that any violation to this policy is consent for a deduction from my per capita for any balance owed. I agree to provide the Social Service department any necessary information to process my request. Legal parent/guardian signature is required for Emergency Assistance request for minor.

Requestor's Signature: _____ Date: _____

OFFICE USE ONLY:

Gas Card Amount: \$	Check Amount: \$	Total Cost Assistance: \$
Check Made Payable To:		
Staff Signature:	Director Signature:	

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Emergency Home Repair Cost Assistance Form

CONTACT INFORMATION:

Requestor Name: _____ Requestor Tribal Enrollment #: _____

Physical Address: _____

Mailing Address: _____

Primary Phone # _____ Secondary Phone # _____

DESCRIPTION OF HOME REPAIR NEED (Total cost assistance cannot exceed \$5,000):

Scope of work necessary to address the health and safety of the resident(s) based on current conditions:

Vendor Name: _____ Vendor Phone: _____

Project Total Cost: \$ _____ Project Duration: _____ to _____

NECESSARY ATTACHMENTS:

- ☐ W9 from Vendor
- ☐ Business License from Planning (if services performed are on Chehalis Reservation)
- ☐ Proof of home ownership
- ☐ Other: _____

I have read and understand the Emergency Assistance Policy and agree to the terms and conditions. I further recognize that any violation to this policy is consent for a deduction from my per capita for any balance owed. I agree to provide the Social Service department any necessary information to process my request.

Requestor's Signature: _____ Date: _____

OFFICE USE ONLY:

Vendor:	Check Amount: \$
Staff Signature:	Director Signature: