

# Social Services Voucher Requests

Effective Date: \_\_\_\_\_

Approved by Resolution #: \_\_\_\_\_

## Introduction

Social Services has a variety of resources to help families in need.

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# Social Services Voucher Requests

## Purpose

The Chehalis Tribe's emergency assistance program provides short term assistance to help enrolled Tribal members through a crisis or transition.

## Policy

The policy is to provide emergency assistance to enrolled members, struggling in extraordinary times of crisis, with the essential needs. Emergencies should be short-term or temporary and not long-term situations. Vouchers are only available once per household per month for a period of no more than two (2) months within a calendar year (January 1<sup>st</sup>-December 31<sup>st</sup>)

## Funding

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

## Eligibility

- A. For purposes of this Policy, a household is defined as those persons who reside in the same home as a family unit.
- B. To be eligible for a voucher, a household must have:
  - 1. At least one adult enrolled Chehalis Tribal Member; or
  - 2. An enrolled minor child provided the minor does not live in a Tribal household already receiving a voucher.
  - 3. The eligible applicant must spend at least 51% of the month in the household to apply for a voucher.
- C. To be eligible for a voucher, the household must have experienced one or more of the below qualifying life changes within 90 days from the date of application:
  - 1. Change in legal marital status that affects the financial stability (i.e., marriage, divorce, death, legal separation).
  - 2. Change in number of dependents (i.e., birth, adoption, death, or addition of a vulnerable adult).
  - 3. Change in employment status due to job loss.
  - 4. Loss of, or significant change to current financial status that threatens food stability.
  - 5. Facing eviction, or homelessness which is causing food insecurity (i.e., sharing housing due to economic hardship, living in hotels, living in transitional shelters)
  - 6. Victim of domestic violence or families that fall under protective services and need food assistance.
  - 7. Low income (income verification is required)
- D. Eligible households must complete and submit Tribal Emergency Voucher Application sign the understanding statement and submit proof of income.

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## Application process

- A. Complete the Social Services Voucher Application and submit it to the Social Services office with income verification. Applications are in the entry way to the Social Services office and a drop box is located on the door to leave the application in. Incomplete applications will not be processed. Applications will also be available on the Chehalis Tribe website.
- B. If the vendor is not in the MICROIX system, you will be responsible to obtain the required documentation (Vendor form, W-9, and invoices).
- C. After the Social Services Department receives all necessary documents, the application will be reviewed for completeness. Please allow up to 3 days (72 hours) for vouchers/gift cards to be issued. You will be notified when the process is completed.
- D. All denials will be reviewed by Director or their designee for accuracy prior to applicant being notified.

## Food Vouchers

- A. Vouchers are only available once per household per month for a period of no more than two (2) months within a calendar year (January 1<sup>st</sup>-December 31<sup>st</sup>). A new application is required each time a new voucher is requested.
- B. Funding comes from various sources and may have different qualifications. The Social Services Director or their designee will determine which fund to expend from.
- C. Assistance funding may come in the form of a Voucher or gift card, depending on funding ~~used~~ source.
- D. The voucher funding amounts issued will be as follows:
  - 1. Household size 1-3: \$300
  - 2. Household size 4 or more: \$400
- E. Purchases are limited to essential food and non-food items only as listed below.
  - 1. Essential food purchase must come from the following main food groups identified by the USDA:
    - a) Meats/proteins (such as turkey, fish, pork, beef; also includes beans, nuts and seeds).
    - b) Dairy (such as milk, yogurt, cheese, and similar dairy alternative).
    - c) Vegetables (fresh, frozen, or canned varieties).
    - d) Fruits (fresh, frozen, canned, sauce or 100% fruit juice).
    - e) Grains (whole grain cereals, bread, rice, pasta).
    - g) Baby formula/Toddler food

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2. Non-food items are limited to the following and no more than 10% of the voucher or \$25/\$35 of each voucher respectively.

a) cleaning supplies.

b) Dental hygiene products, deodorant, laundry detergent, dish soap, facial tissue, feminine products, toilet paper; or

c) Diapers.

H. Assistance funding cannot be used to purchase:

1. Processed foods/snacks such as candy, gum, cookies, crackers, granola, or energy bars, gummy type fruit snacks, popcorn, potato/corn/veggie chips, or beef jerky.

2. Alcohol or tobacco products of any kind.

3. Soda and energy drinks or carbonated beverage/flavored drinks.

4. Pet food or pet supplies.

5. Fast food.

6. Desserts of any kind, including ice cream, pies, or cakes.

7. Baked or processed breakfast items (e.g., donuts, pastries, muffins, etc.).

8. Any non-food items other than those listed above.

## Housing assistance

Funds shall only be used to pay for eligible expenses at the Tribal Member's primary residence only. Payments will be made directly to the vendor.

Expenses include:

1. Basic utility services, specifically electricity, gas and heat source (natural gas/propane/firewood/pellets) and must submit a shutoff notice with Tribal Members's name listed.
2. Rent or mortgage and must submit lease, mortgage statement with Tribal Members name listed.

## Clothing assistance

To be eligible for clothing assistance you must have experienced a substantial loss due to fire, flood or similar disaster.

## Gas cards

Gas cards will follow the guidelines of the Emergency Assistance policy dated 10/29/2019.

# Social Services Voucher Requests

## Information

Tribal Member Name (applicant): \_\_\_\_\_  
Tribal Member Enrollment Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Preferred form of contact: (circle one):      Phone call      Text      Email

## Household information

How many people live in the household: \_\_\_\_\_

**Please list the names and DOB for all individuals in the household:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Eligibility

- ☐ To be eligible for a voucher, the household must have experienced one or more of the qualifying life changes within the last 90 days from the date of the application (check all that apply)
- ☐ Change in legal marital status that affects financial stability (i.e., marriage, divorce, death, legal separation).
- ☐ Change in number of dependents (i.e. birth, adoption, death, or addition of a vulnerable adult).
- ☐ Change of employment status due to job loss.
- ☐ Loss of, or significant change to, current financial status that threatens food stability.
- ☐ Facing eviction or homelessness which is causing financial insecurity (i.e. sharing housing due to economic hardship, living in hotels, living in transitional shelters, etc.)
- ☐ Victim of domestic violence or families/children that fall under protective services and need assistance

# Social Services Voucher Requests

Type of voucher requesting:

- |  |  |
|--|--|
| <input type="checkbox"/> Food                  | <input type="checkbox"/> Utilities     |
| <input type="checkbox"/> Household necessities | <input type="checkbox"/> Rent/Mortgage |
| <input type="checkbox"/> Clothing              | <input type="checkbox"/> Other _____   |

Check the following resources used by any/all members:

- |  |  |
|--|--|
| <input type="checkbox"/> TANF            | <input type="checkbox"/> Unemployment      |
| <input type="checkbox"/> SNAP/EBT        | <input type="checkbox"/> WIC               |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Veterans Benefits |
| <input type="checkbox"/> SSI             |  |

## Receipt Agreement

***Receipts must be submitted to the Social Services Department with 30 days of receiving voucher.***

***A second voucher will not be issued until first one has been turned in.***

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By signing I certify the information contained in this application is complete and accurate to the best of my knowledge. I agree to follow the requirements and policies. I understand that I am signing this application under penalty of criminal prosecution if I knowingly give false information which results in voucher to which I am not eligible for. I agree the Social Services Department may contact other Tribal programs for pertinent information as it applies to this application. I agree to repay any funds that the Tribe deems to have been misused, and that the Tribe may pursue any available remedies at law and/or equity to recover misused funds.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_