

Emergency Assistance Form

Adult Care Assistance funded by the Bureau of Indian Affairs and administered by the Hoopa Administrative Department is a program to assist Hoopa Tribal Members in DIRE EMERGENCY SITUATIONS. This program will **NOT** pay for household bills. (i.e., electric or water bills), groceries, rent, hotel/motel costs, clothing, or for homeless assistance. Scheduled appointments are not emergencies because you are aware in advance of the appointment. Failure to provide receipts will make you ineligible for future funding.

All emergencies will require verification prior to receiving assistance.

Program Guidelines:

Elders and disabled members will be given priority for assistance. Elders and disabled individuals frequently rely on a fixed income, require more medical needs, prescription costs, transportation, etc. An Elder is considered age 62 or older. All disabilities will be following the State Disability guidelines or the Social Security Administration guidelines.

Adult Care Assistance:

Financial assistance will be granted to an adult in a dire emergency situation. Emergencies that require air ambulance or ground ambulance services out of the area are considered emergencies. The nearest relative will receive assistance up to \$300.00 (only one person will receive the assistance), depending on the distance. Scheduled appointments are not emergencies. Documentation must be provided before receiving monies. K'ima:w Medical Center staff will verify all emergencies. Assistance will be granted no more than twice per fiscal year.

Death Benefits: *(For this Benefit, please contact the Hoopa Valley Tribal Office directly)*

The Hoopa Tribal Council allows for funeral expenses up to \$5,800.00. Documentation must be provided with the application before receiving funds. All funeral homes must be paid directly by the Hoopa Valley Tribe.

Fire:

If a fire destroys a Tribal Member's owned home, and its content, the owner of the home is eligible to receive \$1,000.00. If arson is suspected, no assistance will be issued until the investigation is complete. A copy of the fire report, signed by the fire department chief, **MUST** be attached to this application for assistance before monies being released.

The following amounts are available for emergencies: Eureka (\$100), Redding Area (\$150), and Out-of-Area (\$300). Beyond Eureka or Redding emergencies **SHALL NOT** exceed \$300 - **NO EXCEPTIONS**.

-Initial one time emergency money per fiscal year is **\$600 MAXIMUM**-

Tribal Member Name: _____		Roll Number: _____	
Address: _____		City: _____	State: _____ Zip Code: _____
Phone Number: _____		Amount Requested: _____	
TANF Client? () Yes () No		Type of Emergency: () EA	
Briefly Describe Emergency Situation:			
I hereby give my consent for the K'ima:w Medical Center staff to verify any of the information and documentation I have submitted to HVT Emergency Assistance Program. I understand that my assistance will be based according to the given eligibility requirements and that my application will be reviewed for approval when all required documentation has been received by K'ima:w Medical Center - PRC Department.			
Signature of Applicant: _____		Date: _____	

Erratic Behavior or abusive language by the applicant will **NOT** be permitted. The Hoopa Administration Department and K'ima:w Medical Center will uphold the Hoopa Valley Tribe's Improper Conduct Ordinance, which includes removal from premises.

Contact Information

K'ima:w Medical Center – Sunshine Jackson
535 Airport Road
PO Box 1288
Hoopa, CA 95546
Phone: (530) 625-4261 Ext. 0324
Fax: (530) 625-4858

For those participating in the TANF program, the amount of assistance you receive will be reported to the TANF department.