



The Community Assistance program categories are for urgent or emergency needs. The overall goal of the program is to assist Kalispel Tribal members only (Members with urgent and emergency needs) while encouraging and providing tools to help the members towards the goal of financial self-sufficiency. Members applying for assistance must apply in advance, prior to incurring costs except in emergencies. Tribal members are limited to receiving the maximum amount of assistance in each category of service within the Tribal fiscal year (Oct-Sept) as funds are available. The Community Assistance program is not to be considered as an entitlement program. The Tribal loan program or other existing programs be utilized whenever possible before the Emergency Assistance Program. Each category may have different requirements to determine eligibility and may require different information for assistance. Tribal members will need to cooperate with staff in providing the documentation needed to complete application to process for approval or denial. Tribal staff will contact the provider(s) to make payment arrangements solely for the services approved. If any further costs are expected in order to complete services, you must get prior approval to ensure all cost will be covered or you will be liable for any amount not authorized.

Emergency Assistance Application Instructions

To complete the application process for Emergency Assistance application, the applicant must complete entire application and submit all required documentation

Documentation required:

- You are required to provide proof for income verification and submit along with application. Provide income verification for each adult listed. You do not have to verify or give the children's income. In our policies the children's income is not included.
- Applicants name is required on documents or bills that you are requesting assistance.
- You are required to provide name of vender, address (phone & fax #'s- if applies) and account numbers.
- *May be required to provide legal documentation to verify guardianship.*
- *If applies, submit quotes to get prior approval on services you want rendered.*



Kalispel Tribe of Indians

Emergency Assistance Program



Name: _____ Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____
Kalispel Tribal Enrollment Number: 2103U _____

List yourself and all other household members:

Name	Are you applying for assistance for this person	Date of Birth	Age	Sex M/F	Relationship to applicant	If applying for minor children do you have guardianship
Self	Yes/No			M/F	Self	N/A
	Yes/No			M/F		Yes/No
	Yes/No			M/F		Yes/No
	Yes/No			M/F		Yes/No
	Yes/No			M/F		Yes/No
	Yes/No			M/F		Yes/No
	Yes/No			M/F		Yes/No
	Yes/No			M/F		Yes/No
	Yes/No			M/F		Yes/No

Have you recently applied for a loan with the Kalispel tribal loan department? No / Yes Date: _____

Do you have a present loan with the Kalispel Tribe? No / Yes Date received: _____

Are your per capita payment withheld through the loan dept? No / Yes Half of per capita / All of per capita

Is anyone enrolled or attending College? No / Yes Do you receive Equity Assurance from Camas Institute? No / Yes

Do you have Medical: No /Yes Please list Medical: _____

Medicare: No /Yes Medicaid: No /Yes Veteran's Benefits: No/ Yes

Are you currently updated with Delta Dental Insurance: No /Yes

Does anyone receive DSHS/TANF in household: Please list who: _____

Cash assistance? No /Yes Last time received: _____ How much: _____

Food assistance? No /Yes Last time received: _____ How much: _____

Do you have information to utilize the nearest food bank in your service area? No/Yes

Do you pay rent/housing cost? No/Yes How much do you pay? _____

If not employed, how long without employment? _____

Please explain circumstances (Answer-only if applicants' source of income is solely per capita): _____

Kalispel Tribe of Indians
Emergency Assistance Program



What do you need assistance with? Food/Utility/Water/Rent/Repairs Other: _____
Explain the urgency for requesting assistance at this time: _____

Applicants name is required on documents or bills that you are requesting assistance. Otherwise it will cause delays in processing application. Please submit all documentation, and bills to process your application in a timely manner.

Enter household income for each adult. (Wages, Social Security, SSI, VA Pension, DSHS, Unemployment Compensation, General Assistance, Business Income, Per Capita Payments, Elder Check etc.)

Name	Current/Source Income	How Long	How Much Per Hour & how many hours
Need to submit copies of checks or letters to verify income to process application in a timely manner!			
Name the Vendor (Safeway, PUD, Avista ect..)	Address	Phone Number/Fax Number	Account # (if applies)

I certify that the information contained on this application is true and correct to the best of my knowledge. I understand there are penalties for providing false information, including denial of services. I hereby authorize the Kalispel Emergency Program Staff to obtain information necessary from any entity to verify the information on my application, including income verification to determine my eligibility for this program.

X _____ DATE
APPLICANT SIGNATURE
X _____ DATE
SIGNATURE (other adult on application if applies)

Return Request to: Community Outreach Coordinator/Emergency Assistant Program
Social Service Main- Direct Line: 509-447-7110 Address: 1821 N. Leclerc rd #2 Cusick WA 99119
Emergency Assistance Program - Direct Line: 509-447-7130 Office Fax #: 509-445-1650
For Office Use Only

Date: _____ Application Received By: _____ Processed By: _____ Date: _____
Application was: Denied / Approved Official Decision was made by: _____
Explanation of Benefits \$ _____