



Nez Perce Tribe Financial Assistance FY24

Social Services Department
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**FY
24**



EMERGENCY FINANCIAL ASSISTANCE

This assistance is for Emergency Burial and Extreme Medical Emergencies only

Burial Extreme Medical Emergency

Instructions: Please complete application and attach documentation:

- * Tribal Enrollment
- * Nez Perce enrolled Members only
- * Age 18 and over, we do not offer assistance for minors
- * Proof of Emergency (Can provide Hospital number and contact for Social Services to contact)
- * Extreme Medical Emergency Assistance can assist to see immediate family at risk of life or limb that are at least 45 miles in distance 1 way
- * Burial Travel Assistance is to attend the burial of immediate family that has to travel at least 45 miles 1 way

Date: _____

NAME:	
NP ENROLLMENT #:	
PHONE:	
BIRTHDATE:	
MAILING ADDRESS:	
PHYSICAL ADDRESS:	
DESTINATION:	
HOW MANY MILES ONE WAY TO DESTINATION?	
WHAT IS THE EMERGENCY?	
WHAT IS YOUR RELATIONSHIP TO PERSON?	
DIRECTIONS FOR CHECK PICKUP:	

DIRECT DEPOSIT: Bank _____ Routing Number _____ Account Number _____

Are you a Veteran? _____

CERTIFICATION: I fully understand that Title 18, Section 1001 of the United States Code, states that a person is guilty of felony by knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I, therefore, certify the foregoing information is true and complete to the best of my knowledge. I authorize inquires to be made to verify this statement is true. Funds or purchase orders received fraudulently or not used for approved purpose will result in applicant's ineligibility to receive Nez Perce Tribal Financial Assistance for 2 years from the date of last application. Applicant may be required to reimburse the Nez Perce Tribe for the amount of the Financial Assistance grant.

SIGNATURE: _____ **DATE:** _____

Requisition
Finance/Office use only
Department: Social Services

CASEWORKER REMARKS:

RECOMMEND: APPROVED DENY INITIALS: _____ DATE: _____ CHECK
BURIAL MEDICAL VENDOR # _____
1010.01.7040 1010.01.7045

CHECK TO: _____

Originating Employee: _____

AMOUNT: \$ _____

Immediate Supervisor: _____

Definition of Immediate Family:

- Mother/Father
- Son/Daughter
- Husband/ Wife
- Brother/ Sister
- In-Laws (Mother, father, brother, sister, son, daughter)
 - Biological grandparents/ grandchildren
 - Great grandparents/ grandchildren
- Also, legally adopted, and/or step father, mother, brother, sister, and grandparents or any other relative living in the same household.

Fair Hearing Process:

All applicants who are denied based on the established criteria shall receive notification of denial of their application and reason for denial within 20 days after the date of receipt of their application. If denied, the applicant may appeal in writing within 15 days to the Social Services Manager to review the decision. The social services manager will uphold or reverse denial within 10 days.

If the applicant is not satisfied with the decision, the applicant may submit in writing their appeal to the social services manager to present at the next Human Resource Subcommittee. Any denial based on closure of line item/lack of funds may not be appealed.