

EMERGENCY FINANCIAL ASSISTANCE

Emergency Burial & Extreme Medical Emergencies

ASSISTANCE TYPE

☐ Burial

☐ Extreme Medical Emergency

ELIGIBILITY & REQUIRED DOCUMENTATION

- Tribal Enrollment - Nez Perce enrolled members only.
- Applicant must be age 18 or older; assistance is not offered for minors.
- Proof of emergency is required. A hospital number and contact may be provided for Social Services to verify the emergency.
- Extreme Medical Emergency Assistance may assist with travel to see immediate family who are at risk of life or limb when travel is at least 45 miles one way.
- Burial Travel Assistance is for attending the burial of immediate family when travel is at least 45 miles one way.

APPLICANT INFORMATION

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

DIRECT DEPOSIT INFORMATION

BANK NAME			
ROUTING NUMBER		ACCOUNT NUMBER	

CERTIFICATION

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

APPLICANT SIGNATURE

DATE

PROGRAM INFORMATION & OFFICE USE

Social Services Department

P.O. Box 365, Lapwai, ID 83540 | 208-843-2463 | Fax: 208-843-7364

Email: tariciam@nezperce.org

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 • Legally adopted and/or step father, mother, brother, sister, and grandparents • 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 and the reason for denial within 20 days after the date the application is received. 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 the denial within 10 days.

If the applicant is not satisfied with the decision, the applicant may submit their appeal in writing to the Social Services Manager for presentation at the next Human Resource Subcommittee. Any denial based on closure of a line item or lack of funds may not be appealed.

FINANCE / OFFICE USE ONLY

DEPARTMENT	Social Services		
CASEWORKER REMARKS			
RECOMMENDATION	☐ APPROVED ☐ DENY		
INITIALS		DATE	
ASSISTANCE	☐ BURIAL ☐ MEDICAL		
PAYMENT	☐ CHECK ☐ DIRECT DEPOSIT		
ACCOUNT	1010.01.7040 1010.01.7045		
CHECK TO			
ORIGINATING EMPLOYEE		AMOUNT	\$
IMMEDIATE SUPERVISOR			

Staff note: Attach supporting documentation and verification to the application before processing.