

URF

Elderly / Disabled Emergency Assistance Program

The Elderly/Disabled Emergency Assistance Program is totally funded by the Stockbridge-Munsee Community Royalty Budget. Each year the Tribal Council reviews all programs and all program budgets. The Tribal Council is responsible for determining how much funding they will allot to this program to assist elders and disabled persons who may qualify per the application guidelines and policies, attached. The funding cycle is from October 1 to September 30<sup>th</sup> each year.

The Tribal Council does not and cannot provide funding for every elder/disabled person and the funding is not sitting in an account with one elders name on it. The council provides a total budget dollar amount for a twelve month period and that budget amount gets shared by all elders and disabled persons that apply during that twelve month period.

Our office has been directed by the Tribal Council to screen every request to make sure the need is a true emergency or a need to protect and save the home. That is why the Housing Inspector goes to the home to verify the emergency need and provides an inspection report before anyone is approved for funds. True emergencies like; furnace repairs, water leaks that damage the home and other major plumbing issues, electrical issues, water heaters, and sump pumps, are examples of some things that have been approved in the past.

Our department keeps a file and a budget sheet in each file and the purpose of this is to keep all staff aware of what dollar amount an applicant may be eligible to apply for. Some elders/disabled applicants may be eligible to apply for a full grant if four (4) years have passed since their last application or they are a new applicant. Others may have recently applied and do not have a full grant amount to use and therefore have to apply for remaining funds. Without the budget sheet information, we cannot stay on top of what an applicant may have available to spend. We have to monitor each application along with the entire budget so we do not over spend. We have to know how much a request might be and obligate that amount when a person is approved, and then look at the total balance left in the entire budget before we can even approve the next person. Therefore, applying for these funds does not guarantee that your request or need will automatically be funded.

Depending on how many applications are received starting on October 1<sup>st</sup> of each funding year and the months after that date, will determine how many elders/disabled persons receive assistance during that funding year. Because the Tribal Council cannot fund every elder or disabled person every year, there may NOT be funds available at the time you are applying. We still encourage you to apply. When funds are not available, persons who have NOT been approved for services will receive a letter stating that your application is on hold and you may receive services in the future pending funding. Applicants that do not get funded during the budget year are put on the waiting list and given priority for the next funding cycle that comes from Tribal Council in October.

I have read this statement about the Emergency Elder/Disabled Program Assistance Funding

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
date

\_\_\_\_\_  
Printed Name of Applicant

**Elderly/Disabled Emergency Assistance Program  
Request to Use Remaining Funds**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
(\*Applicant must be age 62 or have proof of Disability)

As I only received part of the funds that I requested and was approved for under my initial application for an Elderly/Disabled Emergency Assistance Program, I am hereby requesting the use of the remaining funds under that approved amount.

My Emergency is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that all rules and requirements relating to the Tribe's Elderly/Disabled Emergency Assistance Program apply to this request for the use of any funds remaining from my initial grant. By my signature below I agree to allow the Housing Inspector into my residence to verify the emergency need.

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

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This section for Housing Office use:

I have reviewed the Elderly/Disabled Emergency Assistance Program file for this applicant. This applicant has a balance of \$ \_\_\_\_\_, available to use if this need is verified by the Housing Inspector.

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

\_\_\_\_\_  
Title