



ELDERS HUMAN SERVICES POLICY



FUNCTIONAL STATEMENT:

When assistance or services are not available, miscellaneous financial assistance shall be made available by the tribe in a manner designed to promote personal and family unity, economic, and social stability, working toward attainment of self-sufficiency.

In absence of other resources, Elders Human Services shall be provided to eligible Tribal Members of the Enterprise Rancheria.

DEFINITIONS:

1. **Disaster and Emergency Assistance:** Means financial payment made to facilitate the provision of emergency food or disaster assistance or for other financial needs not defined in this part but related to assistance for needy Tribal Members.

The tribe shall recommend that prospective clients pursue all possible sources for financial assistance prior to seeking financial assistance from the tribe as there is minimal base funding available for program services.

Eligibility Criteria: Miscellaneous Assistance funds shall be used only when eligible clients apply for such assistance.

1. Must Be an Enrolled Tribal Member 55 years of age or older
2. An Applicant shall be eligible for Elders Assistance per calendar year (Jan –Dec) not to exceed \$1,500.
3. Applicant must be in good standing with the Tribe. (Please refer to Tribal Debt Policy)

Eligibility Determination for Services:

Appointed tribal staff shall have the authority to approve/disapprove the eligibility of person(s) for services based upon the tribes established program eligibility guidelines (See Scope of Assistance).

EMERGENCY SCOPE OF ASSISTANCE

Utilities: PG & E, Water, Phone –

Rent/Mortgage, Property Taxes, Move in assistance–

Vehicle/ vehicle repair/ repossession –

- A. Must prove need of vehicle, working, school, job searching, Medical. Must also include quotes for repair of vehicle.
- B. Gas card that must not exceed \$100.00, to use for medical, job search, work or school.

Home repairs/ appliances – Must provide a need of repair and or appliance – i.e.: broken stove, floor rotting, roof leaking and so on.

Medical/ Prescriptions/ Glasses – Must not be covered by CHS or insurance.

Emergency Food and/or personal items – Must not be receiving food stamps and must not exceed \$300.00 per quarter.

ITEMS NOT COVERED:

- ❖ Cable/Satellite
- ❖ Income Taxes

- ❖ Credit Cards (ie: Kohl's, Kmart, Target, MasterCard or Visa, unless they can prove it was used for home repairs, car repairs, etc.)

- ❖ Tribal Council may reject a request that is not included in the Emergency Scope of Assistance at their discretion to protect the integrity of the program and to insure funds are available to assist as many Tribal Members as possible.

Please note: You must submit your original receipts back to the Tribe or you will be responsible to repay the amount your received and you will not be eligible for this program in the future in accordance with the Tribal Debt Policy.

All clients applying for financial assistance, who are deemed eligible or potentially eligible for assistance from other programs, shall be required to apply for that assistance unless good cause reason exist, such as physical isolation with sporadic access to transportation, or the intermitted availability of assistance prevents concurrent application. Applicants are not eligible for the program if they have already received Human Service's or Disability Assistance.

Assistance may be approved only to meet the client's essential need. The essential need is determined by reviewing each applicant's situation. The basic money amount required to meet certain specified needs varies from applicant to applicant based on each specific applicant's situation. Under all circumstances, the applicant's right to privacy will be a prime consideration in the application process.

All Elder tribal members have a right to apply for assistance. They shall be provided an opportunity to do so as long as funds are available to the Tribe.

Any tribal member that has received the Elders Human services assistance in the past, shall allow tribal members who have not utilized the program to be assisted first.

Application Process:

Applications shall be submitted in person or via mail, email and/or fax, or if the applicant is physically or mentally unable to represent himself/herself, may be made orally or by a person designated by him/her. A simple inquiry about the assistance program or its eligibility criteria does not constitute an application for assistance.

Complete applications must be turned in, in order to determine eligibility; applications that are incomplete shall be given 5 business days to turn in required documentation.

Applications must have the following in order to be considered complete:

1. Complete application
2. Income verification for all members of the household 18 years of age.
3. Completed W-9 form (for amounts over \$600).

If documentation is not turned in the required time frame, applications shall be deemed incomplete and the applicant shall receive a denial letter.

Application Selection:

If more applications are submitted than funding available, all eligible applications will be entered into a Tribal lottery drawing. All eligible applicants will be assigned a lottery number and entered into the drawing. Drawings will be conducted until funds are exhausted.

Appeals:

Any applicant or recipient of financial assistance who is dissatisfied with any decision or action concerning eligibility for or receipt of financial assistance may submit their request for an appeal before the next duly called Tribal Council meeting within 20 days after the date of mailing or delivery of the written notice of the denial.

Thus, the Tribal Council shall have the ability to overturn a denial.

CERTIFICATION

This policy known as the Elders Human Services Program Policy is hereby amended by the Tribal Council of the Enterprise Rancheria Estom Yumeka Maidu Tribe, on this 27th day of October, 2015 at which a quorum was duly established by a vote of, 5 yes, 0 no, 1 abstaining.



Glenda Nelson, Tribal Chairperson

October 27, 2015

Date



Cindy Smith, Tribal Council Secretary

October 27, 2015

Date



**ENTERPRISE RANCHERIA
ESTOM YUMEKA MAIDU TRIBE**



ELDERS HUMAN SERVICES APPLICATION

The amount of assistance payment will be calculated by taking into consideration the following information. Please complete the application to the best of your ability. If you need assistance with filling this application out, please contact the Tribal Office at 530-532-9214. Please attach all necessary information regarding your request. This application cannot be processed if returned incomplete or unsigned; your application will be DENIED if you fail to do so. **PLEASE PROVIDE A BRIEF SUMMARY OF WHAT YOU ARE REQUESTING.**

NAME: _____ SSN#: _____ DOB: _____
SPOUSE: _____ SSN#: _____ DOB.: _____
ADDRESS: _____ PH#: _____
(physical address and/ or mailing address) (city/state/zip)

OTHER HOUSEHOLD MEMBERS:

NAME	RELATIONSHIP	DATE OF BIRTH
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SOURCE OF INCOME (FOR ALL ADULT MEMBERS OF HOUSEHOLD)

\$ _____ EMPLOYMENT \$ _____ UN-EMPLOYMENT \$ _____ TRIBAL TANF/TANF
\$ _____ SS/SSI DISABILITY \$ _____ RETIREMENT (PENSION) \$ _____ OTHER (SPECIFY)
\$ _____ REVENUE SHARING PAYMENTS

NET INCOME FOR LAST 30 DAYS: \$ _____

PLEASE DESCRIBE YOUR REQUEST:

SIGNATURE OF APPLICANT:

DATE:

FOR OFFICE USE ONLY

APPROVED: [] DENIED: []

AUTHORIZED SIGNATURE: _____ DATE: _____

TRIBAL CHAIRPERSON SIGNATURE: _____ DATE: _____

VENDOR NAME AND ADDRESS _____

CHECK NO: _____ DATE PAID: _____ CHECK AMT.: \$ _____