Eligibility for Disability Assistance:

1. Must Be an Enrolled Tribal Member 18 years of age or older
2. Applicant has not used Human Services/Emergency Asst. or Elders Assistance for the calendar year (Jan –Dec).
3. Assistance payment shall not exceed $1,500.00 for the calendar year (Jan –Dec).
4. Applicant must be in good standing with the Tribe.

DISABILITY SCOPE OF ASSISTANCE

Utilities: PG&E, Water, Phone, Etc.
Rent/Mortgage, Property Taxes, Move in assistance, Etc.
Vehicle, vehicle repair, Registration, Etc.- Gas Card yearly max amount $200.00.
Home repairs, appliances, Etc.
Medical, Prescriptions, Glasses, Etc.
Emergency Food –Not to exceed yearly max amount of $400.00 and you must turn in receipts.
And Any other Emergency Requests approved by Program Manager.

Documentation:

Need proof of disability.
For all requested emergency items, we need quotes attached in order to make payment. If the documentation is not attached, we will not be able to process your assistance.
Also, please complete vendor form with Name, Address and amount owed to each vendor.
DISABILITY ASSISTANCE APPLICATION

NAME: ____________________________ DOB: __________

SPOUSE: __________________________ DOB: __________

MAILING ADDRESS: ___________________________________________________________________

PHONE #: __________________________

OTHER HOUSEHOLD MEMBERS:

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PLEASE DESCRIBE WHAT YOU’RE REQUESTING:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SIGNATURE OF APPLICANT: ____________________________ DATE: ____________________________
Please state vendor information below:

Vendor Name: ________________________________________

Vendor Address: ________________________________________

Vendor City, State & Zip: ________________________________

Amount Due: ________________________________________

Vendor Name: ________________________________________

Vendor Address: ________________________________________

Vendor City, State & Zip: ________________________________

Amount Due: ________________________________________

Vendor Name: ________________________________________

Vendor Address: ________________________________________

Vendor City, State & Zip: ________________________________

Amount Due: ________________________________________

__________________________  ___________  ___________
For office use only:     Approved   Denied

Program Manager: ___________________________  Date: ___________

Tribal Administrator: ___________________________  Date: ___________