

Eastern Shawnee Tribe of Oklahoma Tribal Hardship Assistance Program

The requirements/guidelines and practices enacted herein supersedes and rescinds all previous requirements/guidelines and practices for the Tribal Hardship Assistance Program. Hereby are the official requirements/guidelines and practices for the Eastern Shawnee Tribe of Oklahoma (ESTO) Tribal Hardship Assistance Program, as approved by the Business Committee.

Purpose

The purpose of the Eastern Shawnee Tribe of Oklahoma Hardship Assistance Program (“the program”) is to provide temporary assistance to Tribal households suffering extreme financial hardship as defined herein. This program will serve the neediest of the needy Tribal families who have no other source of funding. This program is subject to available program funding.

Qualifying Event Determining Program Eligibility

A very specific qualifying event will determine eligibility for the program. Only the following three situations qualify for this program:

1. Terminal illness resulting in excessive or unusual medical expense;
2. Natural disaster (ie. fire, flood, tornado), flooding due to plumbing or destruction via vandalism causing financial hardship;
3. Accident or illness causing loss of employment for over 30 days.
 - a. Tribal members on permanent disability are not eligible for this program.
 - b. Pregnancy is also disallowed.

Eligible Expenses and Limitation per Qualifying Event

The program will operate on a fiscal year (October 1 – September 30). This program is based on tribal household need; therefore, members of the same household may not apply within the same fiscal year. Also, tribal households may only qualify once per year, regardless of other situations that arise. Eligible expenses and limitations per fiscal year per applicant are as follows:

1. Terminal illness resulting in excessive or unusual medical expense
Maximum benefit per fiscal year: \$750.00
Eligible expenses:
 - Mortgage or rent for primary residence
 - Utilities
2. Natural disaster (ie. fire, flood, tornado), flooding due to plumbing or destruction via vandalism causing financial hardship
Maximum benefit per fiscal year: \$750.00
Eligible expenses:
 - Temporary Shelter
 - Home Repairs
3. Accident or illness causing loss of employment for over 30 days

Maximum benefit per fiscal year: \$750.00

Eligible expenses:

Mortgage or rent for primary residence

Utilities

This program will only pay on the items listed above. This program will not assist with auto repairs, the purchase or repair of tires, moving expenses, and deposits on utilities. **No exceptions.**

Requirements and Guidelines

1. Applicant must be enrolled and possess a Tribal membership card from the Eastern Shawnee Tribe of Oklahoma.
 - a. Applicant must be at least 18 years old, unless the individual has been legally emancipated. Proof of emancipation must be provided. OR
 - b. An applicant having legal custody of a tribal member through legal kinship placement, guardianship or adoption, may apply for services. Proof of legal custody must be provided.
2. Applicant must provide proof of total number of household members. One of the following documents for each member of the household must be provided.
 - Birth Certificate
 - Drivers License
 - Tribal Membership Card
3. Applicant must provide proof of residence by providing one of the following documents.
 - Lease or rental agreement
 - Letter from Landlord
 - Lease/rental payment receipt
 - Deed to home
 - Annual property tax statement
4. Applicant must provide proof of qualifying event by providing documents from the following list:
 - Proof of accident or illness (letter from doctor with diagnosis)
 - Proof of fire or natural disaster (fire department report, police report, pictures of home damage if natural disaster with dates and description of natural disaster)
 - Proof of damage to home by flood or vandalism (pictures of damage, plumbing estimate, police report if applicable)
 - Proof of accident or illness causing loss of employment (police report regarding accident, doctor's report stating that applicant is unable to work and date allowed to return to work)
 - Proof of payments or indebtedness for propane, wood, electric, or gas used for the applicant's primary residence
 - Proof of indebtedness for medical expenses
 - Proof of indebtedness for mortgage or rent

Application Process

Completed application with required documents is to be submitted to the Specialized Programs Coordinator (SPC). The SPC will review the application for eligibility and completeness and make a recommendation to the Tribal Administrator via email, including all required documentation. The Tribal Administrator will ensure the applicant’s request complies with all guidelines, will request more documentation when needed, and will send approval or denial for funding to the SPC. The SPC will notify the applicant of the approval or denial in writing within 5 business days.

Appeal Process

If an applicant disagrees with a denial for funding, he/she may appeal the decision in accordance with the following procedure:

1. Written letter of appeal must be submitted to the Tribal Administrator within ten (10) working days. This appeal should include documentation that shows the request does in fact qualify for the program. The Tribal Administrator will respond in writing within 5 business days as to the final outcome of the application.
2. If the applicant disagrees with the decision of the Tribal Administrator, he/she may submit a written appeal to the Chief within ten (10) working days. This appeal should include all previous documentation, along with any additional documentation showing the request does in fact qualify for the program. The Chief will respond in writing within five (5) business days. The Chief’s decision will be considered to be final in these matters.

**Eastern Shawnee Tribe of Oklahoma
Tribal Hardship Assistance Program**

Application (Please check)

- Event 1: Terminal illness resulting in excessive or unusual medical expense _____
- Event 2: Natural disaster (ie. fire, flood, tornado), flooding due to plumbing or destruction via vandalism causing financial hardship _____
- Event 3: Accident or illness causing loss of employment for over 30 days. _____

Date of Event _____

Name: _____
Last First Middle

Current Address: _____

Telephone Number: _____ e-mail address _____

Tribal Affiliation: _____ Roll Number: _____

Date of Birth: _____ Social Security Number: _____

Marital Status: Married ___ Single ___ Widowed ___ Other ___

Spouse or Significant Other

Name: _____
Last First Middle

Date of Birth: _____ Social Security Number: _____

Tribal Affiliation: _____ Roll Number: _____

Household income: (provide wage stub for 3 mos., last year's W-2, or other proof of income)

Annual Income Head of Household: _____

Annual Income Spouse or Significant Other: _____

Other annual income: _____

Family Information

List all persons living in your household on a permanent basis starting with the Head of Household as of the date of this application.

Name	Date of Birth	Relationship	Roll Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of the persons listed above an elder? If so, please list below.

Are any of the persons listed above disabled? If so, please list below. Attach documentation showing % of disability.

Describe any other considerations that you may feel are pertinent to this application.

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Certification

The Business Committee reserves the right to revoke, suspend, or terminate the eligibility of any Tribal Citizen for a period of time to be determined by the Business Committee for the intent to defraud or defraud the Eastern Shawnee Tribe of Oklahoma.

I certify that all of the information given is true, complete, and correct to the best of my knowledge and belief, and is given in good faith.

Applicant's signature

Date

Spouse's signature

Date