

KLAMATH TRIBES EMPLOYEE SPONSORED EMERGENCY FUND APPLICATION PACKET

The Klamath Tribes Employee Sponsored Emergency Fund is solely sponsored by employees to assist people who have an emergency. All requests are evaluated on an individual basis. There is an Emergency Fund Committee, that remains undisclosed, who evaluates each situation to determine the need and if the application request meets the criteria for assistance. *A minimum of 5 days is required for processing of approved applications.*

***PRIORITY WILL BE GIVEN TO ELDERS AND CHILDREN.**

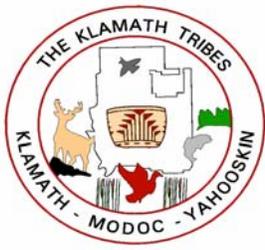
Out of area travel will be considered for medical, funeral or for families or individuals that have become stranded due to circumstances beyond their control.

The Klamath Tribal Employee Sponsored Emergency Fund Committee will accept and consider requests for the emergency assistance submitted by Klamath Tribal Members, Native Americans, and others based on the following criteria:

- ✓ The request must be submitted in writing on an Employee Sponsored Emergency Fund Application.
- ✓ **The request must be for a valid emergency.**
- ✓ The amount of assistance will not exceed \$100.00. Resource guide is available if requested.
- ✓ Funds available, one time yearly per household. **Previous use of these funds will be considered as a factor in making a determination.**
- ✓ There is no appeal process if request is denied.

THE FOLLOWING REQUESTS MAY NOT BE CONSIDERED:

- Funds for any sporting events
- Social Events
- Legal Assistance
- Housing, rent, deposits etc.
- Local Travel Requests (fuel, etc... within Klamath County)
- Insurance Payments
- Automotive payments or repairs
- Personal Use
- Rent, phone bills, late car payments, etc.



The Klamath Tribes Administration
P. O. Box 436
Chiloquin, OR 97624
(541) 783-2219

APPLICATION FOR THE EMPLOYEE SPONSORED EMERGENCY FUND
(You must fill out the application completely. Failure to do so will result in denial of funds)

Name: _____ Amount Requested: _____

Address: _____ State: _____ Zip: _____

Phone Number: _____ Date Needed: _____

Brief Explanation of why funds are needed: _____

Will the funds be used for any of the following? _____Fuel _____Lodging _____Food
Have you contacted Tribal Transportation? _____Yes _____No If yes Whom: _____
Did you apply for emergency assistance at Klamath Tribal Health? _____No _____Yes Date: _____
Number of people in your household? _____ Ages: _____

YOU MUST READ CAREFULLY BEFORE YOU SIGN

I certify the information I have provided is true and correct to the best of my knowledge. I understand that this application is not intended to be a contract for payment, nor does this application obligate the Employee Sponsored Emergency Fund Committee to approve my application. I consent to the release of information concerning the information that I have provided on this application. Any inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. I release any person, firm, or institution from all liability for any damages for issuing such information.

Signature of Applicant: _____ *Date:* _____

STAFF USE ONLY

1. Funds requested are available? _____Yes _____No
2. Committee Approval? _____Yes _____No
3. Amount Approved? \$ _____
4. Refused Transportation? _____Yes _____No
5. Amount Remaining \$ _____

Date Application Received: _____

Comments for APPROVAL or DENIAL:

***Director Approval/Date** _____