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. *The Emergency Fund Committee will make a decision within 24 hours after receiving the application.*  
*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 WILL 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.
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, Date funds are needed: (must include if traveling: WHERE you are going, PURPOSE of trip, are you Driving) __________________________________________

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
(If more room is needed, you can write on the back of this application)

Will 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 Required
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

Employee Sponsored Emergency Fund Application Revised: 08/12/14