

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. *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.



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, **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** _____