Emergency Assistance Program Application

Spokane Tribe of Indians

Health and Human Services

P.O. Box 540 Wellpinit, WA 99040

Date of Application:_____

In order to be considered for services, please fill out his form in its entirety.

SERVICES REQUESTED

☐ **Death in Family** ☐ **Medical Assistance** ☐ **Fire** ☐ **Other**

Personal Information

Name:_____ Maiden Name:_____

Address:_____

Phone Number: (____)_____ Spokane Tribal Enrollment #:_____

HOUSEHOLD INFORMATION

Name	Tribal Affiliation & Enrollment #	Date of Birth	Source of Income(1)	Gross Monthly Income

(1) Include Wages, TANF, SSI/SSD/GA, and any other income.

Are any members of the household a veteran?_____

If yes, they may be eligible for additional assistance through the Spokane Tribal Veterans Program. Call (509) 258-7331 for more information.

Please State the Reason You are Applying for Assistance

BE VERY CLEAR & include invoices, and estimated costs such as Gas, Food, Hotel, Transportation, ETC.

_____

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_____

SIGNATURE

Please Initial

_____ I acknowledge under penalties of perjury that the information contained in this is true and accurate to the best of my knowledge.

_____ Deliberate falsification of information contained in this application for emergency assistance may result in denial of services.

Applicant Signature:_____ **Date:**_____

OFFICE USE ONLY

Date Application Received:_____

Has this applicant received assistance during this FY?_____ If Yes, How much did they receive previously?_____

Final Amount Approved: $_____

Sara Carle, Emergency Services Manger:_____ Date:_____

Tawhnee Colvin, Assistant Director: _____ Date:_____