

Elderly / Disabled Emergency Assistance Program

The Elderly/Disabled Emergency Assistance Program is totally funded by the Stockbridge-Munsee Community Royalty Budget. Each year the Tribal Council reviews all programs and all program budgets. The Tribal Council is responsible for determining how much funding they will allot to this program to assist elders and disabled persons who may qualify per the application guidelines and policies, attached. The funding cycle is from October 1 to September 30th each year.

The Tribal Council does not and cannot provide funding for **every** elder/disabled person and the funding is not sitting in an account with one elders name on it. The council provides a total budget dollar amount for a twelve month period and that budget amount gets shared by all elders and disabled persons that apply during that twelve month period.

Our office has been directed by the Tribal Council to screen every request to make sure the need is a true emergency or a need to protect and save the home. That is why the Housing Inspector goes to the home to verify the emergency need and provides an inspection report before anyone is approved for funds. **True emergencies** like; furnace repairs, water leaks that damage the home and other major plumbing issues, electrical issues, water heaters, and sump pumps, are examples of some things that have been approved in the past.

Our department keeps a file and a budget sheet in each file and the purpose of this is to keep all staff aware of what dollar amount an applicant **may** be eligible to apply for. Some elders/disabled applicants **may** be eligible to apply for a full grant if four (4) years have passed since their last application or they are a new applicant. Others may have recently applied and do not have a full grant amount to use and therefore have to apply for remaining funds. Without the budget sheet information, we cannot stay on top of what an applicant **may** have available to spend. We have to monitor each application along with the entire budget so we do not over spend. We have to know how much a request might be and obligate that amount when a person is approved, and then look at the total balance left in the entire budget before we can even approve the next person. Therefore, applying for these funds does **not** guarantee that your request or need will automatically be funded.

Depending on how many applications are received starting on October 1st of each funding year and the months after that date, will determine how many elders/disabled persons receive assistance during that funding year. Because the Tribal Council cannot fund every elder or disabled person every year, there may **NOT** be funds available at the time you are applying. We still encourage you to apply. When funds are not available, persons who have **NOT** been approved for services will receive a letter stating that your application is on hold and you may receive services in the future **pending funding**. Applicants that do **not** get funded during the budget year are put on the waiting list and given priority for the next funding cycle that comes from Tribal Council in October.

I have read this statement about the Emergency Elder/Disabled Program Assistance Funding

Signature of Applicant

date

Printed Name of Applicant

Title: Elderly and/or Disabled Emergency Assistance Program

Purpose: The Stockbridge-Munsee Tribal Council devised the Elderly and/or Disabled Emergency Assistance Program for the purpose of assisting elders and disabled enrolled Tribal members with the cost to repair the physical structure of the home so it is safe, sanitary and secure.

Amount: \$8,000.00 per household every four years from date approved based on eligibility criteria below.

Eligibility Criteria:

1. Applicant must be an enrolled member of the Stockbridge-Munsee Tribe.
2. Applicant must be sixty-two (62) years old or older OR disabled.
3. Applicant must reside in currently live in and use the home as a year round residence and **proof of land assignment or ownership must be provided.**
*Life long residence agreements will be taken to Tribal Council for approval/denial.
4. Applicant must live in Shawano County.
5. Applicant must have a true emergency based on the request and the inspection report by the Division of Community Housing.
 - a. definition of emergency: an unexpected, serious occurrence or catastrophic situation urgently requiring prompt action for the physical structure of a home.
 1. Examples of physical structure may include: plumbing, electrical wiring, heating system repair or replacement, roof, windows, exterior doors, walls, basement or foundation.

Procedure:

1. A program application shall be obtained from, completed and returned to the Stockbridge-Munsee Division of Community Housing (DCH). The application shall contain the following information:
 - a. name, address, telephone number, date of birth, social security number, and Tribal enrollment number.
 - b. Description of the type of services being requested, and the last date approved for funds (if known).
 - c. If applicant is not aged 62 years old, applicant must provide verification of disability.
 - d. A copy of the enrollment card and the land assignment, or proof of ownership such as: deed or property tax bill will be attached to the application.

2. An inspection will be completed by the DCH Inspector to verify the emergency and to discuss with the elder or disabled in determining how to prioritize work needed.
3. The DCH Inspector will attach a verification of emergency and recommendation of service needed with estimated cost to the application before it is considered by the Division of Community Housing Staff for funding.
4. All applicants that do not spend the full amount on an emergency project at the time they are approved must submit the Request to Use Remaining Funds form.
 - a. Number 2 and 3 above, will still apply.
 - b. The DCH Staff will review each request to use fund balances after reviewing information provided under number 2 and 3 above.
5. All requests for assistance/funding are approved or denied by the DCH Staff.
 - a. The first appeal for denial shall be made to the Board of Commissioners.
 - b. The second denial by the Board of Commissioners shall result in the appeal being sent to the Tribal Council for determination.
6. All applicants that do not use the \$8000.00 within the 4 year eligibility period, from date of approval, will NOT carry the balance of the grant over to the next grant approval period.

Contracts:

1. The approved Applicant will be required to select a contractor or request assistance in finding a contractor to provide needed services.
2. The Applicant, contractor and proper DCH staff shall meet to develop a simple contract for services. The contract shall contain the name of the contractor, the dollar amount of the contract, the payment process, the approved start and end date of services to be provided, a detailed description of services to be completed and any related penalties for incomplete projects by due date.
3. The approved Applicant and DCH Inspector shall inspect the final work when a project is reported to be complete by the contractor. If the work is acceptable, both the Applicant and Inspector shall sign the inspection report.
4. Payments will be made directly to the contractor/vendor that provides the service after the final inspection, sign-off sheet and final bill are submitted to the DCH.
5. An Applicant may be reimbursed for costs incurred by submitting itemized receipts dated after the date of approval for funds and the final inspection and sign-off sheets are completed.

6. Special consideration will be given for the reimbursement of purchased materials before a final inspection and sign-off sheet is completed.

By my signature below, I certify that I have read the policy and procedure for the Stockbridge-Munsee Elderly and/or Disabled Emergency Program. I understand that not following this policy can cause a delay in receiving services and/or making payments to a contractor or receiving reimbursement.

Applicants Signature

Date

Elderly/Disabled Emergency Assistance Program Application

Applicants Name _____
Mailing Address _____

Phone number _____

Physical Address of site to receive services, if different from above:

*You must attach a copy of your enrollment card and land assignment, or deed, copy of land taxes, or other verification of ownership.

Social Security # _____ Enrollment # _____

Date of Birth _____ Age _____

Note: * If you are not aged 62 or older, you must provide verification of SSI Disability, Social Security Disability, or provide a physician's statement of disability.

Have you applied for or received this program funding in the past? _____

Please describe the services you are requesting: _____

Please describe why this situation is an emergency to you:

I certify that the information presented in this application is true and correct to the best of my knowledge. By my signature below, I authorize the Division of Community Housing to verify the information I have presented. I authorize the DCH to send the Inspector to verify my needs.

Signature

Date