

**FORT BIDWELL COMMUNITY COUNCIL**

**P.O. Box 129**

**Fort Bidwell, CA 96112**

**EMERGENCY SERVICE**

Fort Bidwell Community Council will assist only those households that are temporarily without any income, or experiencing a current reduction of income or undue financial hardships.

DATE: \_\_\_\_\_

CLIENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NUMBER OF PERSONS TO BE ASSISTED: \_\_\_\_\_

ASSISTANCE REQUESTED: \_\_\_\_\_

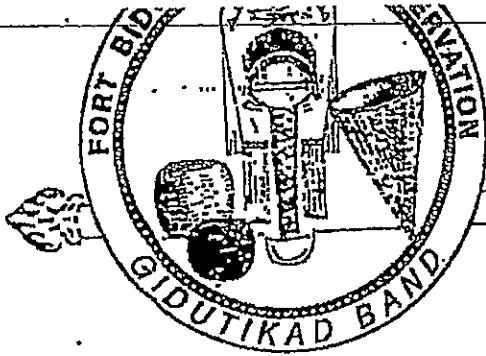
CIRCUMSTANCE OF NEED: \_\_\_\_\_

Emergent needs include at a minimum, shelter, food, wood, utilities and transportation for emergencies to attend a funeral service for immediate family members @ .12 cents per mile.

No individual or household may receive assistance more than one time a year.  
By my signature, I acknowledge that I have read and fully understand.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE



F.O. BOX 147  
FORT BIDWELL, CA 96112  
PHONE 530-279-6310/2192  
FAX 530-279-2233

Established January 28, 1936 under the I.R.A. of June 18, 1934

To Whom It May Concern:

This is to certify that \_\_\_\_\_  
is listed on the **OFFICIAL MEMBERSHIP ROLL OF THE FORT BIDWELL**  
**INDIAN RESERVATION** of Fort Bidwell, Ca. His/Her Roll Number is \_\_\_\_\_  
and Date of Birth \_\_\_\_\_.

\_\_\_\_\_  
Verified By:

\_\_\_\_\_  
Date

## **EMERGENCY ASSISTANCE**

The Fort Bidwell Emergency Assistance Program is available to all tribal members.  
The Emergency Assistance Program provides:

<b>FOOD</b>	\$20.00 per person in household
<b>UTILITIES</b>	Not to exceed \$150.00
<b>SHELTER</b>	Not to exceed one week
<b>TRANSPORTATION</b>	Emergency Transportation @.12mi

### **REQUIREMENTS FOR FBEA:**

Completely fill out FBEA application  
Letter of denial from Social Services  
Provide document verification of Mortgage or Rent & Utilities

**You can only apply for FBEA only once a year from the date you last received Emergency Assistance**(example: you received Emergency Assistance 5/1/03 then you will not be eligible to receive Emergency Assistance until 5/2/04). Limit is \$150.00. If you should have any questions or would like to apply for FBEA please contact the Emergency Assistance Coordinator at (530) 279-6252 ext.249

# FORT BIDWELL EMERGENCY ASSISTANCE PROGRAM

## Eligibility and Reporting Requirements And Rights of Applicants

1. **INDIAN BLOOD:** Applicant must be an enrolled member of the Fort Bidwell Indian Reservation.
2. **RESIDENCY:** Applicant must reside near or on the reservation. Applicant must provide documents verification of mortgage or rent and utilities.
3. **ASSISTANCE FROM OTHER AGENCIES:** Applicant must be eligible to receive County/State Public Welfare or SSI. An applicant who is presumed eligible for these programs may, after providing evidence of having applied for those benefits, be granted Fort Bidwell Emergency Assistance, (FBEA), pending approval of the application. Also, all clients applying for FBEA who are eligible for assistance from other programs such as Social Security, Unemployment Benefits, Worker's Compensation, VA Benefits, Retirement, etc., will be required to seek and show that they have applied for that assistance. There is a possibility of supplementing benefits from some of these programs up to the FBEA needs allowance.
4. **PAYMENT:** An applicant will be eligible to receive a maximum total of \$150.00 for any of his/her emergency needs. An applicant cannot receive a payment for any month for which AFDC or SSI payments are received. (Subpart C-Eligibility Condition 20.20 2).
5. **REPORTING REQUIREMENTS:** It is the responsibility of all applicants to report any changes in their income or living arrangements if they are receiving assistance. Failure to do so may constitute fraud and be subject to prosecution and/or repayment of FBEA payments.
  - a. **Residency:** A move from your residence to another  
Addition or reduction in household members  
Changes or adjustments in housing or utility cost  
A move from the Reservation service area

- b. **Assistance from Other Agencies:** Approval of application  
Receipt of benefits  
Change in amount of benefits
- c. **Employment and Income:** Obtaining employment, full or part-time  
All changes in income  
Changes in income from employment
- d. **Income from Other Sources:**
- |                   |                            |
|-------------------|----------------------------|
| Land lease income | Inheritance Monies         |
| Timber Sales      | Insurance Award            |
| Alimony           | Land Sale                  |
| Unemployment      | Cash Gift                  |
| Social Security   | Repayment of Loan          |
| Income Tax Return | Retirement                 |
| Child Support     | Any other receipt of funds |

6. **DENIAL:** It is understood that action to approve or deny an application shall be made within 30 days of the date of application. The applicant shall be notified in writing for the reason of denial. In an emergency this will not apply.

7. **APPLICANT/RECIPIENT RIGHTS:**

To receive an application form when requested.

To protect privacy of information given on the application, and the expectation that it will be used only for verification of eligibility for benefits or the investigation of possible fraud.

To receive a fair hearing if he/she is in disagreement with decision can appeal to: Tribal Manager or Tribal Council if benefits are denied.

To inquire and be informed of status of the application.

To tell his/her story in his/her own way.

8. **FRAUD:** When it appears that a client has knowingly and willingly concealed or withheld information relevant to his/her eligibility, (U.S.C. Title 18 chapter 47 1001-Fraud and false statements), a written report shall be directed to the Tribal Manager and/or Tribal Council for appropriate investigation. Staff shall not assume an investigator's role following the report. Request for investigation of possible fraud does not in itself make the client ineligible for any other continuing assistance.

9. **FEDERAL LAW GOVERNING FRAUD: WHOEVER, IN ANY MANNER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES, KNOWINGLY AND WILLINGLY FALSIFIES, CONCEALS, OR COVERS BY ANY TRICK, SCHEME OR DEVICE, A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS, REPRESENTATIONS OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT, KNOWING THE SAME TO CONTAIN FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR ENTRIES, SHALL BE FINED NOT MORE THAN \$10,000.00 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

I have read and reviewed the above requirements for the FBEA program.  
I understand that it will be one full year after receiving assistance before I can apply for assistance again.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

I understand that I have 2 weeks from this date \_\_\_\_\_ to complete and submit all forms necessary.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE