

FBICC Emergency Assistance Application

This form must be fully completed and submitted to admin@fbicc.com or
PO BOX 129, Fort Bidwell, CA 96112 Attn: Tribal Administrator

Tribal Member Information

Full Name: _____ Tribal ID #: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Telephone: _____ Email Address: _____

Household Information

Please include all adults and children in this household.

Name	Relationship to Applicant	Date of Birth	Enrolled with FBICC? Y/N

Request

Type of Assistance Requested (please circle all that apply)

Food Utilities Shelter Transportation Medical Other

If Other, please explain:

Circumstance of Need (explain what makes this an emergency):

For Official Use Only Received Date: _____ Received By: _____
Approved / Denied Approved Amount: _____ Notification Date: _____
Backup Documentation Due Date: _____ Backup Documentation Submittal Date: _____

Backup documentation attached showing proof of need? Yes / No If no, please explain:

Amount of assistance requested: _____

Date of circumstance: _____

Date assistance needed: _____

To whom will the payment be made out to?

Name/Company: _____ Account #: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

Is this a reimbursement? Yes / No

Please explain the reason for reimbursement and what documentation you will provide.

Is payment to be made directly to the applicant? Mailed check / direct deposit

If direct deposit, is your information on file? Yes / No

Certification

I certify that I have read the program guidelines, eligibility requirements, applicant rights, and appeal process and fully understand. I acknowledge that this is a one-time emergency assistance payment for a maximum amount up to \$2,500.00 per adult tribal member. I understand that I am responsible for submitting all necessary documentation requested and that failure to do so may result in a denial of assistance. I certify that all information provided is accurate and correct to the best of my knowledge.

Printed Name

Date

Signature

Fort Bidwell Emergency Assistance Program

Program Guidelines

I understand the requirements of this Emergency Assistance include the following:

- In order to qualify for this assistance, this application must be fully completed and submitted to admin@fbicc.com.
- You must provide reasonable explanation for your emergency situation that would qualify you to receive assistance
- You must provide backup documentation, or explanation for why documentation cannot be obtained as requested
- If applying for reimbursement, you must provide additional documentation and/or information as requested
- An emergency situation must have occurred after October 1, 2023, and forward.
- There are no income restrictions to receive assistance
- The source of the funds for this program are from American Recue Plan Act (ARPA) and is not a recurring funding source. This assistance will end December 31, 2024, or when all funds obligated for this activity are exhausted.
- All tribal members 18 years and older may apply for assistance for up to \$2,500.00. Please only apply for what you need to reserve assistance for as many members as possible.
 - Only one application per member will be accepted per calendar year, dependent upon available funding.
 - Non-tribal members who are parents of minor tribal members may be required to submit additional documentation or information. The applicant may be requested to meet with the Tribal Council to determine eligibility.
- Applications with special circumstances will be forwarded to the Tribal Council for decision.
 - Applicants with special circumstances may be required to submit receipts within 30 days of receiving assistance.
- If the Tribal Council has assisted tribal members via case-by-case approval, this is counted as their one-time assistance, and they will not be eligible to apply for more funds.
- The Fort Bidwell Tribe will track the number of applications processed, funds, disbursed, and funds remaining.
- Funds will be paid to the collector when possible, but in cases where the need is immediate, a reimbursement, or a special circumstance the funds may be directly paid to the applicant

Eligibility Requirements

Applicants must be an enrolled member of the Fort Bidwell Indian Reservation.

Applicant must submit a fully completed application with necessary documentation or explanation.

Applicant must provide additional documentation or explanation as requested.

Applicants are eligible to receive up to \$2,500.00 for emergency needs.

Applicants are responsible for providing accurate information as required in the application form.

Applicant Rights

Applicants shall receive an application when requested.

Applicants shall have protection and privacy of personal information and emergency circumstances which is only to be used for verification and eligibility purposes.

Applicants shall receive notification, in writing, of approval status within 3-5 business days from the date the application is received.

Applicants shall receive funds for assistance in a timely manner to address the emergency.

Applicants shall have the right to appeal to the Tribal Council if assistance is denied.

Appeal Process

It is understood that action to approve or deny assistance shall be made in writing within 3-5 business days from the date of application. If denial is received, the applicant may choose to appeal the decision.

Applicant will submit, in writing, an explanation for the appeal to the Tribal Council at tribalcouncil@fbicc.com within 3-5 business days from the date of denial. The Tribal Administrator and Tribal Council may request a private meeting with the applicant to gather information or may be requested to provide additional information. Decision on the appeal will be made and communicated in writing to the applicant within 3-5 business days from the date of appeal. Decisions on the appeal are final.