Little Traverse Bay Bands of Odawa Indians
Department of Human Services
LTBB Tribal Citizen Emergency Assistance Fund Policy

The LTBB Emergency Assistance Fund is designed to provide limited financial assistance to citizens of the Little Traverse Bay Bands of Odawa Indians who are in emergency situations.

Applicants who are LTBB tribal citizens (or parents/legal guardians of minor LTBB tribal citizens) may access emergency funding every two years. The Emergency Assistance Fund is intended to assist in the event of an emergent or crisis situation when no other funding source is available. Situations that qualify are those events that have a significant impact on a person's health, safety or welfare or may pose a threat to the health, safety or welfare of the individual if assistance is not available.

Emergency funds are available on a first come, first served basis and are typically scheduled to be available on a quarterly basis beginning in January. Amounts awarded will not exceed $450.00.

Applications are considered complete when the requestor submits the application and necessary additional documentation. Applications will not be processed until completed. Please pay special attention to the check sheet provided to ensure that all information is complete and includes all necessary supporting documentation.

A request does not guarantee funding. Applications will be taken as long as there is funding available. If funding is no longer available, applications will not be received until the next quarterly funding cycle.

Applications can be filed in person, via US mail, faxed to (231) 242-1635 or emailed to DHSapplications@ltbbodawa-nsn.gov.

If you have questions, please contact the LTBB Department of Human Services at (231) 242-1620.

Mailing Address: 7500 Odawa Circle, Harbor Springs, MI 49740
Physical Address: 911 Spring Street, Petoskey, MI 49770
Email: DHSapplications@ltbbodawa-nsn.gov
Phone: (231) 242-1620 Fax: (231) 242-1635

LTBB EMERGENCY ASSISTANCE FUND
CHECK LIST

☐ Complete application

☐ Copy of LTBB Tribal Enrollment Card

☐ Documentation from vendor you wish to receive payment (shut off notice, eviction notice, proof of defaulted mortgage, copy of medical bills)

☐ W-9 from vendor

IF APPROPRIATE FOR YOUR CIRCUMSTANCES:

☐ Documentation of parentage or guardianship

☐ Documentation of loss due to fire, flood or similar disaster

☐ Documentation of emergency medical need not covered by other funding

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LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
DEPARTMENT OF HUMAN SERVICES
EMERGENCY ASSISTANCE FUND

These funds have been established to provide limited financial assistance to tribal citizens who are experiencing an economic hardship when no other funds exist. Emergent or crisis situations are unexpected events that have a significant impact on the person's health, safety or welfare or may pose a threat to the health, safety or welfare of the individual/family if assistance is not available.

Name:		**Date:**	
Address:		**Birth Date:**	**Tribal ID #:**
City:	**State:**	**Zip Code:**	**Phone #:**
Email Address:			

OTHER HOUSEHOLD MEMBERS:

Name	Age	Tribal ID #, if Applicable
2.		
3.		
4.		
5.		
6.		

Please check box if applicant is a Tribal Elder (55 years or older) as of January 1st ☐

TYPE OF ASSISTANCE BEING REQUESTED:

☐ **Emergency Housing Assistance**

☐ **Emergency Utility Assistance**

☐ **Emergency Medical Assistance**

If seeking assistance due to disaster or emergency medical need, please indicate the details of the emergency and specific need requested:

_____

_____

_____

Amount of assistance requested $_____

I allow the LTBB Department of Human Services to verify my information for the purpose of this application

_____

Signature Date

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