## Pyramid Lake Paiute Tribe

P. O. Box 256 Nixon, Nevada 89424 Telephone: (775) 574-1000 / 574-1001 / 574-1002 Fax: (775) 574-1008

## PYRAMID LAKE TRIBAL ELDERS EMERGENCY ASSISTANCE FUND

<u>Eligibility:</u> Pyramid Lake Paiute Elders, age 60 years and older, residing on the Pyramid Lake Indian Reservation are eligible for this program. Each applicant must apply for assistance from other service providers (i.e. Red Cross, USDA Commodity Foods, Housing Authority, Social Services, Nevada State Programs, etc.) prior to making an application to the Pyramid Lake Paiute Tribe.

<u>Purpose:</u> The purpose of this fund is to assist Tribal Elders residing on the Pyramid Lake Paiute Reservation with costs associated with an unforeseen health or safety home repair which would result in the Elder being without the necessities needed to maintain a healthy home environment or healthy quality of life.

<u>Procedure:</u> To qualify for this assistance Elders must complete an application which certifies they have exhausted all other avenues of assistance available to them.

The Tribe will assist Paiute Elders by providing the application in person or through the mail and/or assisting them with completion of the application. The applicant (or designee) will complete the application, sign and attach the current cost estimates (please provide at least three estimates).

Upon receipt by the Tribe, the applicant's enrollment and physical address will be verified. After verification and assessment is done to ensure that all eligibility requirements are met the Tribal Council Secretary will provide the application to the Tribal Council for action at the next meeting held. If the next meeting is to be held beyond 48 hours from the receipt of the application the Tribal Secretary will conduct a Council poll of all Tribal Council members. Applicants will be notified by mail within 5 days of the Council's decision by the Tribal Council Secretary regarding the outcome of their request.

If the application is approved, the Tribal Council Secretary will submit a requisition for payment to Tribal Finance for processing in the amount approved by the council. Depending on the amount of cost the Tribe will pay from 50% to 100% of the cost of the repair or home enhancement. The Tribe will not pay for items purchased prior to approval of this request.

The Tribe will pay 100% of the costs from \$1 to \$300 and 75% of the costs from \$301 to \$500 and 50% of the costs over \$501.

An annual allocation of funds will be approved by the Pyramid Lake Paiute Tribal Council for this program. The funds will be processed by the Tribal Administration. All payments through this program will be issued directly to the vendor.

## **ELDER ASSISTANCE REQUEST FORM**

Name:	Tribal Roll #		
Mailing Address:	Phone:		
City, State	Zip Code		
Physical Address:			
City, State	Zip Code		
Name of Designated person to act o	n my behalf:		
	Phone:		
Identify reason for this request:			
:			
TYPE OF ASSISTANCE NEEDED:			
Elder <u>Emergency</u> Assistance	Amount: \$		
Vendor Name/Address:			
	City, State Zip Code		
ATTACH WITH REQUEST:	Three (3) Cost Estimates		
Elder <u>Energy</u> Assistance	Amount: \$		
Vendor Name/Address:			
•	City, State Zip Code		
ATTACH WITH REQUEST:	Billing/Invoice LIHEAP application completed. Date Submitted:		
Organizations contacted about this r	request:		
Name:	Their Decision:		
Name:			
Name:	Their Decision:		
Applicant Signature:	Date:		

## ENROLLMENT VERIFICATION

I, certify that	is an enrolled member of the Pyramid		
Lake Paiute Tribe.			
	Enrollment	Officer	Date
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	AL SECRETARY'S CE		
The Tribal Council approved	this Elder Emergency/	Energy Reque	est on
20, or a Poll Vote was conducted on, 20			
	Tribal Secre	etary	Date
Submitted to Finance for a	ction on	If	approved, this form is
attached to a requisition and			
the Tribal Secretary.			
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	FINANCE ACTI	ON	
Date Received in Finance:	Non-contract specimen and the specimen a	·	
Purchase Order Issued:	Date:An	nount \$	
Check Issued:	Date: Ar	nount: \$	Check #