



Gwich'in Tribal Council
Social Emergency Assistance Program

PLEASE READ CAREFULLY AND RETURN PAGES 3, 4 & 5

APPLICATION #

Purpose:

The Gwich'in Tribal Council (GTC) is committed to its mandate to support and improve the social well-being of Gwich'in beneficiaries. GTC recognizes that there are individual and family emergencies that do not meet the criteria for access to all available programs. Alongside the various social programs offered within the Gwich'in Settlement Region, the GTC has established the Social Emergency Assistance Program. This Program is intended for Gwich'in beneficiaries who require financial assistance in the event that there is an emergency situation whereby a beneficiary or family is undergoing undue financial hardship and stress due to unforeseen circumstances, such as:

1. Terminal Illness or imminent death of a family member of a beneficiary.
2. Household fires, accidents, or victims of crime.
3. Unmanageable expenses (personal items) while pursuing education or treatment programs.

Contribution Level:

The GTC Social Emergency Assistance Program may be provided up to a maximum of \$400.00 per individual or \$500.00 per family. **This is one time only assistance.** (Once per year)

Definition:

For the purpose of the Social Emergency Assistance Program, the following definitions apply:

- “Gwich'in beneficiary” means an individual who is enrolled or is eligible to be enrolled in the Gwich'in Comprehensive Land Claim Agreement.



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- “Immediate family member” includes: the spouse (including common-law), parents, parents-in-law, brothers, sisters and children, including step, and adoptive children.

Guidelines:

Individual applications will be reviewed by the Executive Staff, and Beneficiaries should be aware that GTC receives many financial requests; these requests may exceed available resources and GTC cannot use program or public funds for the purpose of granting loans for any manageable needs (**Ex: paying bills**).

There will be a 5-7 day waiting period for processing of applications.

All applications under the Social Emergency Assistance Program must be made by the affected individual or head of household:

- For family applications, 2 other members of the immediate family, who are Gwich'in beneficiaries, will sign the application indicating acceptance of Family coordinator.
- A Consent form must be filled out as part of this application.

The information will be kept in Personal Data Banks and will be used to control the misuse of public/Programs funds. Anyone who for any reason receives financial assistance, to which they are not entitled, will be required to repay those benefits. Making a false or misleading statement knowingly will be taken seriously and can result in an administrative penalty or prosecution before courts.



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“Administration Only”

APPLICATION

The Executive’s decision will be final and will be sent to you by mail or fax **approximately 5 – 7 days** after they have reviewed your application. The Executive will meet as and when, depending on the number of applications received and if all members of the executive are available.

INDIVIDUAL ASSISTANCE: **DATE:** _____ **Application #**

Name: _____ Phone number: _____

Address: _____

Occupation: _____

Place of Employment: _____

FAMILY ASSISTANCE:

Name: _____ Phone Number: _____

Address: _____

Employee, (include phone number& address): _____

Household Members Working and Occupations:

1. Name: _____

Working Not working

Employee: _____ Phone# _____

2. Name: _____

Working Not Working

Employer: _____ Phone # _____

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PURPOSE OF APPLICATION: *(Include documentation)*

INFORMATION ON SELF-CONTRIBUTION: *(what are you doing to help yourself?)*

FAMILY MEMBER'S AGREEMENT: *(provide 2 other family names to indicate agreement.)*

Name: _____ Signature: _____

Name: _____ Signature: _____

Family Member's Phone Number: _____

APPLICANT

Signature: _____ Date: _____

Providing your application is complete, the Executive will contact you within 5 – 7 days with their decision.

Bank Information

Name of Bank: _____

Bank Address: _____

Transit Number: _____ Account Number: _____



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APPLICANT CONSENT FORM

If you wish to have family members, employers, sponsors, designated agents or agency, legal council or other person obtain information about you under the control of the Office of the Gwich'in Tribal Council, it is necessary that you complete this **Personal Information Disclosure Authorization Form**.

IMPORTANT: The original signed copy of the Applicant Consent Form is required at all application stages.

This consent shall be valid for 30 days from the date of authorization unless a shorter time is specified on the form or is revoked in writing prior to that date.

Without expressed consent, except as allowed by the *Freedom of Information and Privacy Act (FOIP Act)*, no personal information held by the Gwich'in Tribal Council will be communicated to any third party.

A consent form from another public body may be accepted as authority to release personal information as long as it meets the minimum standards required by the *FOIP Act* for Disclosure of Personal Information **sections 3 and 8** (available for review upon request.)

Information supplied in the application except the pages labeled “for administration only” may be made available with your consent to third party Partners. Third party partners requiring information for administration and evaluation of funding programs and funding decisions are:

Education, Culture and Employment’s Income Support Office; Local Band Offices; and any of the above.

CONSENT:

I voluntarily request and give my CONSENT to the disclosure of specified information regarding the approval or disapproval of my application. I am also aware that I may revoke my consent at any time by doing so in writing.

| Name | Signature | Date |
|------|-----------|------|
| | | |

1. **Keep a copy for yourself.**
2. **Keep the original with your application**
3. **This consent form will be destroyed on _____**