

Confederated Salish and Kootenai Tribes

Dire Need Application

REQUIRED DOCUMENTS:

- ☐ **FACE TO FACE INTERVIEW WITH CASE MANAGER** You will see the 1st available manager
- ☐ **DRUG TEST**
- ☐ **CSKT ENROLLMENT VERIFICATION**
- ☐ **COPY OF TRIBAL ID**
- ☐ **COPY OF BILL YOU ARE REQUESTING ASSISTANCE FOR**
- ☐ **COPY OF DRIVERS LICENSE (REQUESTING VEHICLE ASSISTANCE)**
- ☐ **COPY OF CAR INSURANCE (REQUESTING VEHICLE ASSISTANCE)**
- ☐ **COPY OF OBITUARY FOR FUNERAL TRAVEL**

Dire need is for emergencies. An emergency is a situation that poses an immediate risk to health, life, property, or environment beyond an individual's control.

Please stay for face to face meeting when you return this application and all required documentation to the DHRD.

Dire Need is not an annual benefit; it's based on the emergency. Your utilization of this program is limited. Dire Need will assist on a one-time basis, but reoccurring failures to pay bills will be monitored and will be denied. While every effort will be made to assist, there are some general requirements:

Requirements:

Must be an enrolled member of the Confederated Salish and Kootenai Tribes. **Attach proof of CSKT Enrollment.**

Must live on the Confederated Salish and Kootenai Reservation. **Attach proof of residency (i.e. light bill, rent receipt, telephone bill)**

Applicants will be required to complete a drug test to qualify for assistance. **A positive test for marijuana only will not disqualify an applicant from receiving Dire Need assistance.** *With the exception of a positive test for marijuana, all other (9-6-2022 updated by council action) positive test results will be subject to review by a majority of Tribal Council for approval of service.

You must have applied for other resources before coming to DIRE NEED (Tribal Credit, your personal bank, General Assistance, TANF, LIHEAP). **Attach proof of denial of other resources, copies other applications that were denied or a denial letter.**

Emergency assistance must not exceed \$500.00

Assistance is on the household unit as a whole. More than one family member living in the same household may not request individual assistance. Household membership will be verified by calling other agencies.

Must have attempted to make payment arrangements against past due bill. **Attach your actual bill, notice of disconnects and a copy of previous payment arrangements.**

Must provide income for the past 30 days. **Attach Income include Child Support, Per-Capita, GA, TANF, SSI, SSDI, employment, Tribal Employment, etc.**

Requests:

Request for assistance is based on the household not the individual. (i.e. March electric bill requested by Jane Doe then October electric bill requested by John Doe for same electric account and same household members listed minus Jane Doe)

Requests for food are handled through referrals to area food pantries and breadbaskets first. Special diets will need medical verification.

Request for reoccurring bills (i.e. heating/cooling bill before LIHEAP and heating/cooling bill after LIHEAP) is not an emergency. Household is aware of LIHEAP amount and given monthly statements on balance from the heating/cooling provider.

Requests for clothing will be on a case by case

Requests for telephone assistance will be denied unless there is a medical necessity for a phone, which will require a doctor's statement. **Attach Medical Verification.**

Request for off reservation travel. Generally, we do not provide funds for off reservation travel that is not of an emergency or health related nature. In medical situations, we will ask if you consulted with Tribal Health. **Attach denial letter from Tribal Health**

Request for Funeral Travel will need to provide verification on the deceased (this can be obituary or notice from funeral home). To assist in multi request from the family of the deceased please coordinate travel arrangements with the entire family before applying. List number of vehicles and people in each vehicle traveling so every effort is made to assist everyone fairly. If the obituary or funeral home statement cannot be provided at the time of the request, other sources can assist in verifying when family returns (i.e. copy of memorial program). **Attach the Obituary or notice from funeral home if verification cannot be provided when family returns copy of Memorial program can be put in file.**

Requests for assistance with utility bill (electricity, water, propane) require your actual utility bill and proof of shut off or disconnect. Payments of utility bills that are not past due will not be approved. You will be referred back to the utility company to make payment arrangements. **Attach shut off notice.**

You may be denied in cases of documented fraud, or intentional misinformation on request form.

Children listed in this application will be verified by contacting other agencies. ****Note:** If you are declaring homelessness with your children and living in a vehicle, this program is a mandatory reporter of child abuse and neglect and is required by law to make a referral to CPS through Centralized Intake on behalf of the children.

APPEALS PROCESS:

All Dire Need requests will start with the program; if you are not satisfied with the decision of the program you can then request to meet with the Division Manager. If you are still not satisfied with the Division Manager decision, you can then request to meet with the Department Head. In addition, if you are still not satisfied with the decision of the Department Head, you can then appeal to the Director of Tribal Services, and at this point if you are still not satisfied with the Directors decision then you can meet with the Tribal Council.

Assistance could take at least (1) week, depending if the application is complete and on the amount of the request. Therefore, we ask for your patience and understanding while we process your request and try to assist you.

Thank-you.

**DIRE NEED
EMERGENCY REQUEST FORM**

TODAY'S DATE: _____

CS&KT ENROLLMENT NAME: _____

ENROLLMENT #: _____ SS #: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____
BOX OR STREET CITY STATE ZIP

PHONE #: _____ MESSAGE #: _____

SPOUSE NAME: _____ ENROLLMENT #: _____

MINORS/OTHER LIVING WITH YOU And their relationship to you	AGE	MINORS/OTHER LIVING WITH YOU and their relationship to you	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOW MUCH MONEY ARE YOU REQUESTING? \$ _____

REASON FOR YOUR EMERGENCY REQUEST (WHAT ARE YOU GOING TO USE THE MONEY FOR?)

WHAT STEPS ARE YOU TAKING TO AVOID THIS EMERGENCY IN THE FUTURE.

WHAT OTHER RESOURCES HAVE YOU TRIED BEFORE COMING HERE? _____

WHO REFERRED (SENT) YOU TO DIRE NEED? _____

STATE ALL INCOME FOR THE LAST 30 DAYS FOR EVERYONE IN THE HOUSEHOLD:

AMOUNT

HOW WAS THE INCOME EARNED (child support, GA, SSI...)

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

PLEASE SIGN THE FORM USING YOUR COMPLETE ENROLLMENT NAME. WHEN YOU SIGN THIS FORM YOU ARE STATING THAT THE INFORMATION PROVIDED IS TRUTHFUL AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE.

SIGNATURE OF APPLICANT

NOTES:

**CONFEDERATED SALISH & KOOTENAI TRIBES
CONSENT FOR RELEASE OF INFORMATION**

I/We, the undersigned are seeking services from the Department of Human Resources Development (DHRD) which includes, but is not limited to the following programs: Child Care Block Grant, TFAP Cash Assistance, Commodities, Dire Need, WIA, SYEP, LIEAP, NEW, Welfare 2 Work, General Assistance, FEMA, Indian Elderly Program, Vocational Rehabilitation Program, and WIC.

I/We, authorize the above named programs to share, exchange, give and receive information about my application and contents therein, in an effort to serve me, my family and my children (as declared on my application/applications for assistance).

In addition, I/We authorize the following programs/agencies to release and share information to the DHRD Program in an effort to provide and facilitate assistance to my/our children and myself/ourselves. Those programs and agencies include but are not limited to the following: **INITIAL EACH DEPT. YOU AUTHORIZE TO RELEASE INFORMATION.**

1. ☐ Tribal Personnel Office: (Drug Test results), etc.
2. ☐ Early Childhood Services – ECS – Participation in services (CHIP information, Address, Household Composition)
3. ☐ Tribal Health and Human Services - THHS (Mental Health, Family Support, Alternate Resource), etc.
4. ☐ Tribal Education Department – TED (educational awards, grades, referrals), etc.
5. ☐ Salish Kootenai College/ALC/ABE Programs – (Schedule, Test results, Student verification of attendance, Credit Loan, Grants), etc.
6. ☐ Montana State Offices of Public Assistance – (Flathead, Lake, Missoula, Sanders County)
7. ☐ Salish Kootenai Housing Authority – SKHA (Rent amount, household compositions, lease compliance, residency), etc.
8. ☐ S&K Holding – Welfare to work issues
9. ☐ Public Schools – (verify attendance of minor children in general school and at IEP sessions)
10. ☐ Tribal Police – (CPS referrals and outstanding warrants.), etc.
11. ☐ Probation Adult/Juvenile –(Truancy, Community services and other requirements)
12. ☐ Tribal Court – Community Services and Court Orders, etc.
13. ☐ Division of Lands – (verify Land Lease),etc.
14. ☐ Tribal Prosecutors / Tribal Defenders (CPS, Court Orders, Truancy, Families at Risk Staffing), etc.
15. ☐ MT Children's Health Insurance Program (CHIP) – Eligibility Status & Employee Health Insurance Information
16. ☐ Tribal Enrollment – verify enrollment enrolled tribe _____
17. ☐ Social Security Administration, MT Disability Bureau, Veteran's Administration – Verify income
18. ☐ Workman's Compensation Programs (income verification, medical coverage)
19. ☐ MT STATE SNAPPROGRAM/TRIBAL FOOD DISTRIBUTION PROGRAM
20. ☐ CSKT Tribal Credit
21. ☐ Potential employers found by DHRD 477 programs. _____

I/We understand that the information received by the DHRD Programs will be kept confidential, used for professional purposes only in terms of facilitating services received by me and my/our family, and will not be released to other outside programs/agencies, unless prior authorization by me, in writing, is obtained. I/We understand the I/We may cancel this Consent for Release of Information, in writing at any time.

<hr/> Print Name - Applicant/Parent or Guardian	<hr/> Date	<hr/> Sign Name	<hr/> Date
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<hr/> Witness	<hr/> Date
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**THIS CONSENT FOR RELEASE OF INFORMATION IS VALID FROM
_____ TO _____**

THIS RELEASE OR REQUEST OF INFORMATION HAS BEEN REVOKED BY:

Applicant/Parent or Guardian Signature

Date

DHRD Form – 1-16-02 – Consent for Release of Information approved by Ranald McDonald Legal Department

revised 05-10-08