



MILLE LACS BAND OF OJIBWE  
Executive Branch of Tribal Government

Commissioner's Order 115-98

**A Commissioner's Order to amend Commissioner's Order 67-97 to establish an Emergency Assistance Funds Policy and Procedure Manual for the Emergency Assistance Program of the Health & Human Services Department effective April 9, 1998.**

Whereas, pursuant to Title 4 MLBSA § 7(h) and (i), the Commissioner of Health & Human Services has the authority to develop policy in the area under their respective jurisdiction, and;

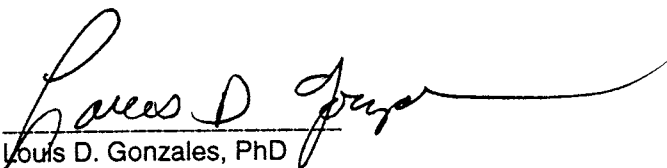
Whereas, the Emergency Assistance Program is in need of an effective policy & procedure manual, and;

Whereas, the current policy and procedure manual does not address all of the needs of Mille Lacs Band members, and;

Whereas, the policy and procedures manual does not give the Emergency Assistance Review Board enough direction to for the acceptance/denial of emergency requests, and;

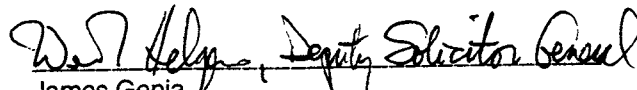
Now Therefore, by the authority vested in me, I, Louis D. Gonzales, Commissioner of Health & Human Services hereby establish the following Emergency Assistance Fund policy for the Emergency Assistance Program.

Dated at Vineland, Minnesota, this 9th day of April, 1998.

  
Louis D. Gonzales, PhD  
Commissioner of Health & Human Services

APPROVED AS TO FORM,  
EXECUTION AND NUMBERING

OFFICIAL SEAL OF THE BAND

  
James Genia  
Solicitor General



Eligibility/Coverage Criteria: (cont.)

- e. Clothing - Fire or bonafide victims of theft. Winter coats and boots must be verified ahead of time to by Eligibility Technician. Limited for work boots / special uniforms. Maximum amount \$100 per person with emergency need. They will be referred to JTPA/Direct Placement for job assistance. Winter clothing for children and elders will be given priority once proof of need is established.
- f. Partial payment for energy bills for persons not eligible for energy assistance.
- g. 1st months rent and deposit.
  - i. Must provide landlord statement and reasons why leaving previous residence.
  - ii. Will not cover if eviction is secondary to problems with drug, ETOH or other illegal behavior.
  - iii. This coverage may only be used once per year.

7. Services not covered:

- a. Telephone bills
- b. Late rent
- c. Car/Insurance payments
- d. Court fines/bail
- e. Payments for relocation due to evictions caused by Alcohol or Drug activity is not allowed. A pre-authorized investigation will be used to seek documentation regarding eviction notice to determine if the cause of eviction is due to alcohol or drug activity.
- f. Any other services not covered.

**Income Eligibility:**

To determine eligibility for this program Mille Lacs Emergency Services will utilize the Federal poverty guidelines (see attached). Persons whose income is at or below the poverty guidelines or whose income exceeds the guidelines by no more than 75% will be eligible.

Also eligible will be persons who have a one time / infrequent, extraordinary need and require assistance temporarily. Persons in this category are those whose income exceeds 175% of poverty but cannot sustain an unexpected emergency need.

**Repayment:**

Persons whose income exceeds the 125% of poverty guidelines will be required to payback the money borrowed. These funds will be payable to the Emergency Assistance program with no interest. Payment arrangements must be made prior to receiving their grant. All emergency grants should be paid back within one year from the date of the grant.

Applicants who are required to pay back their emergency assistance grants, may apply for a second grant if another unexpected emergency arises within the same year if their first grant has been paid or partially paid.

Payment arrangements may include payroll deduction or repayment from the applicants' Christmas bonus.

**Good Faith Effort:**

If the applicant is in need of assistance in paying for utility bills (NOT including heating fuel), their payment history immediately prior to the shut-off notice must show a "good faith" effort of having tried to pay at least a 10% portion of their electric, water or sewer bill each month.

Persons who allow their bills to lapse for three or more months and make no effort to pay even a portion of the bill will not receive assistance.

**Follow-up:**

Recipients of emergency assistance grants, for non-payment for energy bills or housing evictions, etc. will be required to attend a personal finance/management training and will be referred to Family Services for follow-up. At this time other referrals may be made also, including but not limited to: Housing; Jobs & Training; Commodities; Health Services; etc. Assistance will also be provided to set up budget payment plans for utilities and to inform the utility companies of households who would be at high risk if utilities were shut off.

For elders and handicapped persons, arrangements will be made with the Tribal Public Works department to read their gas meters on a semi-monthly basis so that propane levels never fall below 20%. When this happens, extra charges for delivery are added to their fuel bill and every effort must be made to avoid these additional charges.

\*\*\* Reminder: This program is not an entitlement for each Band Member to use every year. Rather, it is a fund to assist persons with valid Emergency needs.

A detailed application form must be completed and a Release of Information form must be signed so that information on the application can be verified before the Review Board approves or denies each application.

Incomplete applications will not be processed until all information is received. If the application is not complete within 30 days of its original submission it will be deactivated and the applicant must reapply if assistance is needed in the future.

Form letters explaining Board decisions or reasons for applicants not processed will be sent to each applicant.

**The Eligibility Technician will make referrals to needed county, tribal and/or state programs which may be appropriate for the client. He/she will follow-up to be sure the referral is working with the client. Records of referrals will be made for each client in need of these services.**

**Conflict of Interest**

**When an immediate family member (see Band Personnel Policy definition), is in need of Emergency Assistance, they must complete their own application and fill out all pertinent forms. The employee or Band member, who is related to the applicant must absent themselves from the proceedings during the discussion and decision making.**

**Coverage:**

The following constitute the new coverage guidelines for various types of assistance.

**1. Emergency Housing:**

- a. Persons whose home is destroyed or uninhabitable due to fire or other disaster.
- b. Persons who are homeless. eg. Band Members who have moved back and need shelter until they can find a place to rent, buy or until they find a job.
- c. Persons who need emergency housing due to remodeling of their home by the Mille Lacs Housing Authority must obtain financial assistance from housing, not Emergency Assistance Funds.

**2. Clothing Needs:**

- a. Persons whose clothing have been destroyed by fire, flood or other disaster.
- b. Persons who have a job interview and need proper/new clothes for the interview and for on-the-job which they have already obtained.
- c. Children whose parent is on AFDC and there is a need for basic clothing, shoes, pants, shirts, jackets, boots, etc.
- d. Clothes for babies of new parents before they can get on AFDC. (This need will be scrutinized very closely by the committee and applicants will be cautioned that if a serious emergency occurs later in the year there will be no monies left for them.) (Refer to clothes closet)

**3. Food**

- a. Homeless persons
- b. Persons unemployed for over 3 months whose Food Stamp vouchers have run out.
- c. Lost food stamps. \*\*Must provide / verification of loss or theft (eg. - a police report)
- d. Persons unable to use local food shelf.

**4. Travel:**

- a. Persons who need to travel away from their home because of a family medical emergency or death in the family.
- b. Gas money will be paid at the rate of **\$0.31** / mile.
- c. **Approved travel expenses will follow current Band policy for mileage and federal per diem for the city of destination.** Lodging and meals at the Federal per diem rate for the city / town to which they are traveling. The federal per diem will be paid for as many days as necessary but only up to a maximum of \$750.00 or the unused amount of the money the applicant has available to him/her.
- d. **Definition of family is: mother, father, son, daughter, brother, sister, in-laws.**
- e. **To pay travel for more than one person in the same "family", they must live in separate areas.**
- f. **Definition of Area: Living in same district, eg. on reservation or within a 30 mile radius of the government center. If beyond this boundary / radius - Two (2) family members not in the same household / area can both receive travel expenses for the same emergency purpose.**

Coverage (cont.)

**5. Phone Services:**

Generally, this is not a covered service. However, under certain circumstances we will assist elders and/or handicap persons who require a phone line for emergency medical reasons.

**6. Auto Repairs:**

Generally not covered. However, when a vehicle is mandated to obtain or retain employment, will assist with needed repairs. Persons needing assistance who are over income guidelines will be required to set up a repayment program. Persons who are successful in obtaining employment as a result of these repairs, they must set up a repayment program.

Applicants must provide most recent proof of employment. Repayment of assistance must be made within a 120 day period commencing on the date of receipt of assistance.

Clients vehicle repair assistance is limited to \$350.00. Clients cannot qualify for the same or similar request for one calendar year from date of original request.

Clients must provide proof of employment offer and start date. They will be referred to Tribal JTPA / Direct Placement for job assistance. Band members processing for new or first time employment, who have been offered a job, but is in need of emergency auto repair to get to the work site, will be processed in the same manner as above. Repayment of assistance must be paid within 120 days from the date of employment.

**7. Energy Assistance (Fuel / Electrical)**

- a. Households must provide documented need and must have exhausted all other sources of energy assistance before this program will pay. eg. Energy Assistance Program, vrending, etc.
- b. All applicants for energy assistance, must have been consistently making a 10% per month effort to try to pay their utility bills.

**8. First Month Rent and Security Deposit**

For persons who have returned to live on or around the reservation, or need to move for some other reason, may receive assistance with their first month Rent and Deposit.

Band members who are moving in with family members will not be eligible to receive First month rent and deposit payments to their relative. These funds may be accessed later, if necessary, when moving into their own home.

**Approved Vendor Vouchers**

**Applicants must present proof of need and the amount needed. eg. eviction notices, shut off notices, moving cost estimates, doctors appointment notices, proof of need will be include verification of income and monthly bills. Once the need is established and approved, a voucher will be approved for a pre-approved vendor. eg. local grocery store, gasoline station, etc. Checks will not be issued to clients requesting their personal choice of vendor(s). Clients must use our pre-approved vendors if they are to receive assistance.**

**Appeals:**

All persons applying for a grant under the Tribal Emergency Assistance program may appeal an adverse decision made by the Review Board.

The first appeal should be made in writing to the Review Board. Additional information, back-up or documentation of the need should be submitted to the Review Board. If there are any extenuating circumstances, these should be explained in the appeal.

If the Board upholds its' original decision, the applicant may make a second appeal to the Commissioner of Health & Human Services. This appeal should also be in writing, however the Commissioner may also request a personal interview with the applicant.

Commissioner's Order 115-98  
Emergency Assistance Funds Policy  
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**\*\*Added/Amended**



NE LA SHING COMMUNITY SUPPORT SERVICES

Applicant Last Name \_\_\_\_\_ Date \_\_\_\_\_ Enroll. # \_\_\_\_\_  
 First Name, M.I. \_\_\_\_\_ Own Home ( ) Rent ( ) Homeless ( ) Other ( )  
 Phone No. \_\_\_\_\_ (home) \_\_\_\_\_ (Emergency-daytime contact)  
 Address \_\_\_\_\_ County/Twnp) \_\_\_\_\_  
 City/Town \_\_\_\_\_ State/Zip \_\_\_\_\_

**SOURCES OF INCOME AND OTHER ASSISTANCE** ("X" those that apply)

- ( ) Salary or Wages ( ) GA/Work Readiness ( ) Retirement, Pensions ( ) Food Stamps  
 ( ) Alimony/Child Support ( ) Unemployment ( ) MSA ( ) Housing  
 ( ) Social Security ( ) AFDC ( ) Interest/Other ( ) Medical Aid  
 ( ) Self Employment ( ) SSI ( ) No Income ( ) Vets. Benefits

Number of Persons in Household \_\_\_\_\_ Gross Annual Household Income \$ \_\_\_\_\_  
 Number of Household members currently employed \_\_\_\_\_ Home Visit \_\_\_\_\_ (Yes/No)

**Family Type**

\_\_\_\_\_ Single Parent/Female \_\_\_\_\_ Single Parent Male \_\_\_\_\_ Adults w/Children  
 \_\_\_\_\_ Single Person \_\_\_\_\_ Adults w/no Children \_\_\_\_\_ Other

**HOUSEHOLD MEMBERS**

	Household Member Name	Date of Birth	Age	HC	Social Security #	Enrollment/ID #
1						
2						
3						
4						
5						
6						
7						

**Housing/Type**

Single \_\_\_\_\_ Townhouse \_\_\_\_\_ Duplex \_\_\_\_\_ Apt. \_\_\_\_\_ Mobile Home \_\_\_\_\_ If renter: Heat Incl. \_\_\_\_\_ (Y/N)  
 Subsidized \_\_\_\_\_ (Y/N)

**Eligibility**

Received EAP this winter \_\_\_\_\_ (Y/N) If yes, where? \_\_\_\_\_  
 EAP Denied due to: Assets ( ) Income ( ) Other ( )

**For What Vendors are you seeking assistance?**

Vendor Name	Amount	Vendored to	Amount

Electric Vendor \_\_\_\_\_ Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_ Elec. Costs \_\_\_\_\_

Have you or any of the persons listed above applied for this program before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If Yes: Amount received and for what? \_\_\_\_\_

Please explain the circumstances leading to your current need for emergency assistance:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_, hereby swear that the information above is correct. I have used all other means of emergency assistance at this time and have no other option other than the Ne La Shing Community Support Services Emergency Assistance Fund. I swear to respect the facilities or funding provided to me, and will not misuse or mistreat this program in any way.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Presented to EARB on \_\_\_\_\_ Decision: \_\_\_\_\_

Approved: \_\_\_\_\_ Date \_\_\_\_\_



MILLE LACS BAND OF CHIPPEWA INDIANS  
Community Support Services

MILLE LACS BAND  
ENERGY/EMERGENCY ASSISTANCE PROGRAM *1997-98*  
RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby grant my permission for the release of any income information to the Program Director or Certifier of the Mille Lacs Band Energy Assistance and Emergency Assistance Program. I further understand that all information gathered is STRICTLY CONFIDENTIAL and will not be released by this PROGRAM to any person, business or local government agency.

_____	DATE OF RELEASE	_____	APPLICANTS SIGNATURE
_____	GROSS WAGES	_____	AFDC/GA
_____	SSI/SOC. SEC	_____	UNEMPLOYMENT
_____	PAID MED. INS.	_____	OTHER

SOCIAL SECURITY NUMBER \_\_\_\_\_

VERIFICATION FOR THE MONTHS OF: \_\_\_\_\_

I, formally request from \_\_\_\_\_ that you furnish any and all applicable information regarding this request.

_____	DATE OF REQUEST	_____	EMERGENCY ASSISTANCE PROGRAM HCR 67 BOX 194 ONAMIA, MN 56359
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## 1997 DHHS Poverty Guidelines

Size of family unit	Poverty Guidelines		
	Contiguous (48) states and District of Columbia	Alaska	Hawaii
	150% 175%	150% 175%	
1	11,835.00 \$7,890 13,320.50	11,835.00 9,870 13,207.50	9,070
2	15,915.00 10,610 18,567.50	13,270	12,200
3	19,995.00 13,330 23,527.50	16,670	15,330
4	24,075.00 16,050 28,087.50	20,070	18,460
5	28,155.00 18,770 33,047.50	23,470	21,590
6	32,235.00 21,490 37,607.50	26,870	24,720
7	36,315.00 24,210 42,367.50	30,270	27,270
8	40,395.00 26,930 47,127.50	33,670	30,980

For family units with more than eight members, add the following amounts for each additional family member: \$2,720 (contiguous states and the District of Columbia); \$3,400 (Alaska); and \$3,130 (Hawaii). In each case, the same increment applies to smaller family sizes also, as can be seen in the figures above.

The information in this table was originally published in the *Federal Register*, March 10, 1997, pp. 10856-10859.

Table compiled by the U.S. Administration on Aging.

