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September 25, 2018

Greetings Tribal Citizens,

Enclosed are the Catastrophic Guidelines and Application for assistance adopted by the Tunica-Biloxi Tribal Council on September 20, 2018. The application will need to be completed in its entirety and returned to:

Tunica Biloxi Catastrophic Relief
PO Box 331
Marksville, LA 71351

Remember, failure to submit all required documents will delay the application process. If you have any questions regarding the application feel free to call 318-240-6436 or email TBCS@tunica.org

Sincerely,

Tunica-Biloxi Community Service Committee

**TUNICA-BILOXI TRIBE OF LOUISIANA
GUIDELINES FOR DISTRIBUTION OF PROCEEDS FROM THE
EMERGENCY ASSISTANCE/CATASTROPHIC FUND**

The Tribal Council of the Tunica-Biloxi Tribe of Louisiana has established a Catastrophic Fund (“the Fund”) for the purpose of providing assistance to Tribal Members who have experienced a monetary loss because of an individual or family crisis. The catastrophic event or crisis must be due to circumstances beyond the control of the applicant or a household member. Payments from the Catastrophic Fund will be administered by the Tunica-Biloxi Community Service Committee (CSC) and are subject to the following guidelines and criteria:

1. **Eligibility**: The Fund is available only to enrolled members of the Tribe. The completed application form must be submitted by the enrolled Tribal member who has suffered the loss. The Tribal member is only eligible for assistance once per 12-month cycle.
2. **Amount of Payment**: A payment from the Fund, if deemed eligible, will be in an amount equal to the actual loss incurred. The maximum payment for any single event is \$3,000.
3. **Application Process**: The completed application and all required documents must be submitted to CSC for review before a request for funding will be considered. All applications will be kept confidential.
4. **Approval Process**: CSC will review the application for completeness and a preliminary determination regarding the applicant’s qualification for funding will be made. If CSC determines that the request should be funded, a recommendation shall be submitted along with the recommended funding amount to the Tribal Council for final approval.
5. **Qualifying Event(s)**: A Tribal member who suffers a loss due to a catastrophic event, emergency circumstance or event beyond his or her control may be eligible for a payment from the Fund. An applicant’s failure to pay his or her bills due to poor budgeting or fiscal irresponsibility is not a catastrophic event and will not be considered for funding under any circumstance. The following events *may* be deemed “Qualifying Events” for purposes of funding under the Program:

Catastrophic / Emergency:

- Loss of Residence due to (i) an act of God (e.g. flood, tornado, hurricane, or other natural disaster); or (ii) an accident outside the control of the applicant or member of the household (e.g. fire or other man-made calamity).
- Personal injury or illness rendering individual unable to work for an extended period of time (one month or longer).

- Acute and/or terminal illness.
 - Any other event, outside the control of the applicant, which CSC determine to be unexpected, catastrophic and outside the control of the applicant or member of applicant's household.
6. **Lack of Other Available Resources**: Any request for payment will be conditioned upon the applicant showing documentary proof that he/she has made a good faith effort to obtain relief from other available sources including the following:
- Life Insurance
 - Health Insurance
 - Workers' Compensation Insurance
 - Home Owner's Insurance
 - Automobile Insurance
 - Long and Short-Term Disability Insurance
 - Unemployment Insurance
 - Medicare
 - Medicaid
 - Federal and State disaster Relief Programs such as FEMA
 - Religious and other Charitable Organizations
 - Personal Savings and Investments
7. **Failure to Submit Request on a Timely Basis**: If CSC determines that, an applicant has suffered a loss or has increased his/her loss because he/she has failed to submit the application on a timely basis could result in denial of request for funding. Furthermore, failure to apply for other forms of relief or assistance (such as unemployment insurance) on a timely basis may also result in the rejection of a request for assistance from the Fund.

**Requests will be denied if an applicant or household member has adequate personal resources to cover the loss.*

**Unemployment due to layoffs such as work in turn-around job and offshore, does not qualify.*

8. **No Guaranty of Payment:** Each request for funding will be considered on a case-by-case basis. Submission of an application is *not* a guaranty of funding. CSC may reject an application if they determine, in their discretion, that the applicant has created hardship for him/herself or members of his/her household.
9. **Misrepresentation or False Statements:** If any applicant submits false or misleading information or documents in conjunction with an application for funding, the pending request as well as all future requests from the applicant will be immediately rejected. Any such action is unlawful and the Tunica-Biloxi Tribe reserves the right to pursue legal action against the applicant in such cases.
10. **Reimbursement:** If a payment is made from the Fund and the applicant later receives funding from another source (for example, insurance), then the Tribe may request reimbursement for all or any portion of the payment made from the Catastrophic Fund.
11. **Direct Payments to Vendors and Service Providers:** When funding is requested to pay the cost of rent, leasing, services or goods, approved payments from the Fund will be made directly to the vendor, service provider or other applicable payee against an invoice presented with the application.

**TUNICA-BILOXI TRIBE OF LOUISIANA
CATASTROPHIC RELIEF FUND
APPLICATION FOR FINANCIAL ASSISTANCE**

Eligibility of Funds is subject to (1) Completion of this Application, (2) Submission of all required documents and other information, (3) Compliance with the Program Guidelines, and (4) Review and approval by the Tunica-Biloxi Tribe's Community Service Committee.

Date of Application: _____ Tribal Roll Number: _____

Full Name:

First Name

Middle Name

Last Name

Date of Birth: _____ Social Security #: _____

Address: _____

Telephone #: _____ Marital Status: _____

Other Contact Information (optional): _____

Qualifying Event for Which Funds are Requested (check one):

_____ Loss of Primary Residence due to an act of God or accident.

_____ Personal Injury or Illness rendering individual unable to work for one month or more.

_____ Other Catastrophic Event outside the control of applicant or member of household (*describe*)

Amount Requested \$ _____

Date on which Qualifying Event occurred: _____

Provide Details of the Qualifying Event:

List all current sources of Household Income, including **ANY** disbursements from the Tribe:

Check or List other resources your have received or for which you have applied:

_____ Unemployment Insurance	_____ FEMA/Federal or State Disaster Relief
_____ Disability Insurance	_____ Medicare / Medicaid
_____ Workers' Compensation Insurance	_____ Social Security Disability
_____ Health Insurance	_____ Religious/Charitable Organizations
_____ Life Insurance	

NOTE: IN MOST CASES YOU WILL BE REQUIRED TO SUBMIT PROOF THAT YOU HAVE APPLIED FOR ASSISTANCE FROM ONE OR MORE OF THE ABOVE SOURCES.

List all Tribal Members living in your household:

Spouse (name): _____

Children (name): _____ Age: _____

Others (name and relationship to applicant):

List all checking, savings and investment accounts that are held in your name or the name of your spouse and the value of each such account:

Checking and Savings Accounts:

Name(s) of Financial Institution(s) _____ Current Balance: _____

Investment/Securities Account(s):

Name of Financial Institution _____ Account Value: _____

THIS APPLICATION MUST BE ACCOMPANIED BY SUPPORTING DOCUMENTATION, INCLUDING BUT NOT LIMITED TO:

- Death Certificate
- Invoices for Medical Costs
- Receipts showing payments made to service providers or vendors
- Rental or Lease Agreement

IN THE EVENT YOUR APPLICATION IS APPROVED, PAYMENTS WILL BE MADE DIRECTLY TO SERVICE PROVIDERS AND VENDORS, NOT TO THE INDIVIDUAL APPLICANT (EXCEPT IN CASES WHERE APPLICANT IS SEEKING REIMBURSEMENT FOR PAYMENTS HE/SHE HAS ALREADY MADE AND PROVIDES PROOF)

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for denial of assistance present & future.

Signature: _____ Date: _____

APPROVED

DENIED

Date: _____

