



Craig Tribal Association
P.O. Box 828
Craig, Alaska 99921
Tel: 907-826-3996
Fax: 907-826-3997

Tribal Medical Emergency Assistance Program

Criteria:

- **Situations Covered:** Evacuation or hospitalization.
- **Situations Covered:** Imminent life-threatening illness or death of a family member. Imminent is defined as medical emergencies requiring treatment for threatening illness within 24-48 hours.

Eligible Family Members:

Immediate family, which is defined below:

- Spouse
- Child (including adopted and stepchildren)
- Mother/Father
- Grandmother/Grandfather
- Sibling
- Grandchildren
- Mother-in-law/Father-in-law
- Brother-in-law/Sister-in-law
- Son-in-law/Daughter-in-law

Assistance:

- **Travel Distance:** Up to 30,000 Alaska Airlines miles.
- **Airline Miles:** Provided for life-threatening illness or death of a family member.
- **Maximum Cash Amount:** Up to \$500

This CTA Tribal Medical Emergency Program is not an entitlement program. The CTA's ability to help is dependent upon the Tribal member's individual situation and the amount of money in the Medical Emergency Fund. This program is not available to pay bills.

**** Frequency: Can receive assistance once every twelve-month period. ****



HARDSHIP DONATION REQUEST

Name: _____ Date: _____

Phone #: _____

Reason for request; please check all that apply of the following:

- Evacuation or hospitalization (self or family member)
- Imminent life-threatening illness or death of a family member.
- Eligible Family Member (circle one):
 - Spouse
 - Child (including adopted and stepchildren)
 - Mother/Father
 - Grandmother/Grandfather
 - Grandchildren
 - Mother-in-law/Father-in-law
 - Siblings
 - Brother-in-law, Sister-in-law
 - Son-in-law, Daughter-in-law

Name of Family member: _____

Please give a brief description of request: _____

Applicant Signature

Date

Office use only:

Is the applicant a Craig Tribal Member? Yes or No _____
Enrollment Dept. Date

Has anyone else living in the same household applied for a hardship donation? Yes or No

Finance Dept. Date

Has the applicant received a hardship donation in the past 12 months? Yes or No

Finance Dept. Date

Approved or Denied: _____
Tribal Administrator or Executive Assistant Date