



Craig Tribal Association
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IMPORTANT NOTICE TO TRIBAL MEMBERS

REGARDING TRIBAL MEDICAL EMERGENCY ASSISTANCE PROGRAM

Effective immediately, the Tribal Emergency Assistance Program will only be approved for those tribal members who are experiencing medical emergencies defined as a threatening illness or a medical emergency requiring evacuation.

The Tribal Council has defined the Emergency Program to assist tribal members experiencing a Crisis relating to imminent threatening illnesses. Imminent is defined as medical emergencies requiring treatment for threatening illnesses within 24-48 hours.

The Tribal Emergency Assistance Fund is not available to pay for Electric and/or water & sewer cut-off notices. This fund will not be approved for tribal members requesting assistance to catch up on rent/mortgage payments or trailer space rent.

The CTA Tribal Emergency Assistance 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 Emergency Assistance Fund.

The Tribal Emergency Assistance Program is only designed to assist one (1) time per year, per family in an amount not to exceed \$500. If this is a medical emergency requiring the evacuation of a family member, the Emergency Medical Assistance for mileage is still available for tribal members. If a tribal member is in need of mileage due to threatening illness or death of a family member within the State of Alaska, the mileage that would be approved will not exceed 15,000 miles each way. If the mileage is for tribal members needing to fly out of state due to threatening illness or death of a family member, the total mileage available for approval is 15,000 each way.

If you or your immediate family, which is defined as an individual's spouse, parent, mother-in-law, Father-in-law, brother, sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, and child (including adopted children and stepchildren), received assistance from this fund or for mileage, you will not be eligible again for another twelve-month period.



HARDSHIP DONATION REQUEST

Name: _____ Date: _____

List full names of everyone living in your household:

Phone #: _____

Mailing Address: _____

Reason for request; please check one of the following:

- Medical Assistance
- Burial Assistance
- Emergency Assistance
- Other: _____

Please mark all entities you have requested assistance from:

- Central Council of Tlingit & Haida Indian Tribes of Alaska
- State of Alaska, Dept. of Public Assistance
- Tlingit & Haida Regional Housing Authority

Please give a brief description of request:

Amount requested: _____ (Not to Exceed \$500/annually)

Office use only:

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

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

Has the applicant received a hardship donation in the past 12 months? Yes or No _____
Finance Department Date

Approved or Denied _____
Tribal Administrator or Executive Assistant Date