



Ka:'yu:'k't'h'/Che:k'tles7et'h' First Nations MEMBER'S DISABILITY HARDSHIP POLICY

The Ka:'yu:'k't'h'/Che:k'tles7et'h' First Nations Budget Act provides funds for a Member's Hardship Fund. This policy includes details on the eligibility criteria, maximum funding amount and the application/approval process for the funds.

Be sure to utilize this benefit when there is hardship.

Eligibility

1. All Ka:'yu:'k't'h'/Che:k'tles7et'h' First Nations Treaty Enrolled Members who require supportive equipment or services/supplies to enhance your quality of life may be eligible to apply for this funding.
2. Eligible requests are for financial assistance to help cover items such as expenses for medical equipment, travel expenses (not covered), prescription drugs (not covered), etc. **Please note that you are to utilize all other funding options first, we can assist with those applications.**
3. This funding is in addition to "regular" Member's Hardship. Members applying for this funding will always be eligible for Member's Hardship.
4. This funding will not be available for those who are eligible for Elder's Hardship.
5. Applicants must submit supporting documentation from a health professional, stating the disability and how the funds would alleviate the applicant's financial hardship.

Maximum Funding

1. The maximum to be paid out to any one person during any fiscal year (April 1-March 31) is \$1700.00. This can be requested all at one time or in a number of smaller requests.
2. Members living together are both eligible for the hardship fund, but applications must be made separately and should be (but not necessarily) for different items.
3. This funding will be available until the budget is used.

Application Process

Completed forms to be submitted to the Ka:'yu:'k't'h'/Che:k'tles7et'h' First Nations Social Development Worker (**carols@kcfirstnations.com or teresas@kcfirstnations.com**).



**Ka:'yu:'k't'h'/Che:k'tles7et'h' First Nations
MEMBER'S DISABILITY HARDSHIP FUNDING APPLICATION**

DATE: _____ MEMBER'S NAME: _____

MEMBER DOB: _____ MEMBER STATUS #: _____

ADDRESS: _____

PHONE: _____ AMOUNT REQUESTED: _____

Please provide detailed information for the reason for your request. (Receipts required)

All questions regarding your application must be directed to KCFN Social Development:
Carol Smith: carols@kcfirstnations.com or Teresa Short: teresas@kcfirstnations.com or by phone: 250-332-5259.

Do we have your current banking information? YES / NO / I have no Bank Account
If no, please provide your new banking information:

Name of Bank/Credit Union: _____

Transit Number Institution Number Account Number

APPLICATION SIGNATURE: _____

Signature: Social Development Worker OR Director of Community Services **Approved / Denied**

Allow 15 to 20 business days for processing