



**Ka:'yu:'k't'h'/Che:k'tles7et'h' First Nations
ELDER'S HARDSHIP POLICY**

The Ka:'yu:'k't'h'/Che:k'tles7et'h' First Nations Budget Act provides funds for an Elder'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 are at least the age of 60 at the time of application are eligible.
2. Eligible requests are for financial assistance to help cover items such as transportation, groceries, rent, home heating, emergency, prescription drugs, glasses, other medical costs, etc. (Receipts not required.)
3. This funding will not be available for those who have already accessed disability hardship.

Maximum Funding

1. The maximum to be paid out to any one elder during any fiscal year (April 1-March 31) is \$2300.00. This can be requested all at one time or in a number of smaller requests.
2. Elders living together are both eligible for the hardship fund, but applications must be made separately and should be (but not necessarily) for different items.

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
ELDERS HARDSHIP FUNDING APPLICATION**

DATE: _____ MEMBER'S NAME: _____

MEMBER DOB: _____ MEMBER STATUS #: _____

ADDRESS: _____

PHONE: _____

AMOUNT REQUESTED: _____

Payable to supplier amount: _____

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: _____

APPLICATION SIGNATURE: _____

_____ **Approved / Denied**

Signature: Social Development Worker OR Director of Community Services

Allow 10 to 14 business days for processing