



**Ka:'yu:'k't'h'/Che:k'tles7et'h' First Nations
MEMBER'S 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 ages 19 to 59 at the time of application are eligible as long as this policy is followed.
2. Eligible requests are for financial assistance to help cover items such as transportation, groceries, rent, home heating, emergency, prescription drugs, glasses, and other medical costs, etc. (Receipts are no longer required.)

Maximum Funding

1. The maximum to be paid out to any one member during any fiscal year (April 1-March 31) is \$600.00. This can be requested all at one time or 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.

The approved Member's hardship fund amount can be paid directly to a supplier or directly to the member. If it is to be paid directly to a supplier, applications must be accompanied with an invoice for the item(s) requesting to be paid.

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 HARDSHIP FUND 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: _____

Transit Number

Institution Number

Account Number

APPLICATION SIGNATURE: _____

Signature: Social Development Worker OR Director of Community Services

Approved / Denied

Allow 10 to 14 business days for processing