



Central Council Tlingit and Haida Indian Tribes of Alaska
 Tribal Family and Youth Services Department / Elderly Services Program
 ▪ 320 W. Willoughby Avenue, Suite 300 ▪ Juneau, AK 99801-1726
 ▪ Phone: (907) 463-7131 or 463-7172 ▪ Fax: (907) 885-0032

ELDERLY EMERGENCY/BURIAL ASSISTANCE APPLICATION

ELIGIBILITY:

- Applicant must be a CCTHITA Tribal Enrolled Citizen and 65 years of age or older.
- Must provide verification to indicate need (i.e., Bills, Shut-off Notices, etc.)

Check which category of assistance you are applying for

Note: This is a one-time service per applicant, per calendar year.

<input type="checkbox"/> Elderly Emergency Assistance ➢ \$250/Yr. per Eligible Household Check appropriate box below: <input type="checkbox"/> Rent <input type="checkbox"/> Oil/Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Medical <input type="checkbox"/> Food	<input type="checkbox"/> Elderly Burial Assistance – ➢ \$450 for Alaskan Residents ➢ \$250 for Non-Alaskan Residents Application submitted by: <input type="checkbox"/> Spouse <input type="checkbox"/> Adult Son/Daughter <input type="checkbox"/> Other relative: _____
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AWARD PAYMENTS ARE MADE DIRECTLY TO THE VENDOR(S)

NAME OF ELDER APPLICANT			
Name (First, MI, Last)		Date of Birth	T&H Enrollment # Social Security #
Residence Address		Mailing Address [] Same as Residence	
City, State	Zip Code	City, State	Zip Code
Home Phone #	Cell Phone #	Message Phone #	Corporation/Village

VENDOR INFORMATION

List vendors to be paid:	Vendor 1:
	Vendor 2:

STATEMENT OF NEED

Explain what your immediate need is. It can be a personal hardship related to an extenuating circumstance such as a fire, death, illness, a utility shut-off notice, a medical need, or need help paying funeral expenses.

_____ Date _____ Date
 Applicant's Signature Elderly Services Coordinator