

PONCA EMERGENCY ASSISTANCE

Effective January 1, 2016

Modified May 14, 2016

Modified December 2, 2019

Staff updated July 1, 2021

STATEMENT OF PURPOSE

The primary goal of the Ponca Emergency Assistance, through the Ponca Tribe of Nebraska (PTN) Department of Social Services is to assist Ponca Tribal Members who are in a temporary financial crisis. The Program will not be treated as a form of general assistance or income supplement. The overall objective is to help Ponca Members maintain their standard of living in an emergency by providing one-time annual assistance (per household), so that they can continue their daily life as well as maintain self-sufficiency.

STATEMENT OF POLICY

The PTN Department of Social Services will keep all assistance related information strictly confidential.

THIS IS NOT AN ENTITLEMENT PROGRAM.

****Funds available until depleted****

CLIENT SERVICES

Eligibility

- A. Enrolled with the Ponca Tribe of Nebraska (Must provide enrollment verification) or,
- B. The parent or legal guardian of an enrolled child member of the Ponca Tribe of Nebraska (Must provide enrollment verification) or,
- C. The parent or legal guardian of an enrolled but incapacitated adult member of the Ponca Tribe of Nebraska (Must provide enrollment verification).
- D. **MUST** reside within the fifteen (15) county Service Delivery Area. Please provide address verification (utility bill, bank statement, etc).
- E. Provide verification of the crisis or emergency.
 - i. For purposes of this funding an emergency will be defined as: any recent occurrence, **within the last six months** that has caused financial strain to the individual or family; which has otherwise been able to sufficiently maintain financial stability. Meaning that any past due bills or financial crisis are related to the current situation rather than a reoccurring factor. Cases will be reviewed by the committee and determined an emergency based on individual circumstances.
 - ii. Some examples of emergencies and verification **MAY** include: eviction notice, disconnect notice, recent loss of employment (past three months)- termination papers or letter from past employer

- with date of last day, unexpected car repair- bill from mechanic (not routine maintenance), unexpected medical costs- bill from clinic/hospital, unexpected household repair (emergency situation only not remodel). These are examples and do not limit assistance to only these situations as cases are reviewed by a committee and determined an emergency on a case by case basis.
- iii. Criminal fines and/or fees, to include probation expenses, are not allowable; however the situation does not exclude a member from applying.
 - iv. In the event of unpaid medical leave only (to include FMLA or short term disability), if a member/household is over income an application can still be completed and evaluated for approval.
- F. Assistance will be provided through the Emergency Assistance on a case by case basis (i.e. natural disaster, utility shut off notice **prior to disconnect**, rental assistance including deposit, medical, groceries, baby products or employment related expenses, etc.).
 - G. Applicants must fall within the Federal Poverty Guidelines as published annually in the Federal Register. Elders do not have to adhere to the income guidelines.
 - H. Full-time college students do not have to adhere to the income guidelines. Proof of full-time enrollment is required.

Types of Assistance

The maximum annual assistance will be up to \$500.00 per bill/per household. Assistance may be provided one (1) complete year from the last date of assistance received. (For example, if one receives assistance on March 12th that person and all household members are not eligible until the next March 12th).

Funds may be utilized for ONE bill, up to \$500.00 per household. Payments will not be made to multiple vendors.

Funds are limited and may not always be available.

A. Financial

- i. No payments will be made to the individual requesting assistance. Payments will be made **ONLY** to the vendor or provider of service. PTN could also collaborate with other agencies/programs to assist individuals in need (i.e. one could receive assistance from another agency/program in addition to Ponca Emergency Assistance funds).

B. Groceries/Household Items

- i. A referral will be made to the Department of Health and Human Services for food assistance as well as local food pantries. For individuals who state they are on a restricted diet, documentation/verification of the special diet must be provided. These

individuals will be referred to the Ponca Health Department for further services.

- ii. The Department of Social Services staff will take applicant shopping for groceries. Groceries may include toiletries, laundry soap, personal hygiene products; but **DO NOT** include toys, clothing, movies, tobacco, alcohol, caffeinated beverages, candy, and other non-emergency items.

****Tobacco and Alcohol purchases prohibited****

- iii. If grocery assistance is requested, the amount approved will be relevant and appropriate to household size (receipt of \$500 for groceries will be unlikely). SNAP guidelines may be followed when purchasing groceries, relevant to household size. Evaluation of food stamp use will be discussed during the application process.

- C. If requesting car repairs, an invoice and/or statement from a mechanic will be required to show that the repairs are an emergency or create an unsafe vehicle. If requesting tires, the applicant will be required to provide proof of low tire tread from the authorized company.
- D. **Fifty percent of the allotted money will be reserved for Elders. Elders are identified as 55 years old and older.**

Procedure

- A. Complete an Emergency Assistance application in person with a Case Manager/committee member. PTN staff do understand there are some instances in which an applicant cannot appear in person therefore a phone application will be accepted; however an in person application is preferred. (*Appendix 1*) All pertinent information will be gathered at this time.
- B. The application, when fully completed, will then be submitted immediately to the committee for approval/denial. The committee will consist of up to 4 Department of Social Services Case Management staff, of which at least 2 will be responsible for approving/denying the application. The staff who is submitting the application is a non-voting party. If a staff will be out of the office for an extended period of time, two or more days, the two remaining Case Managers will be the only voting parties.
- C. A decision will be made by the end of the 3rd business day after the committee receives the **completed** application. If the client has not supplied sufficient information to complete the application within three (3) business days of the initial contact the application will be denied. The intake staff will inform the client of the decision, and if denied the staff who took the initial intake will send the applicant a denial letter, stating why the request was denied (*Appendix 2*).
- D. An appeal, if desired must be made in writing within one week of receiving denial letter to the Director of Social Services. The Director will review, make a final decision and contact the applicant via mail.
- E. If the Director of Social Services would need to be a voting party in the event of a tie then any appeal of that specific application would go to the Deputy Director of Tribal Affairs.

Committee Members by district are:

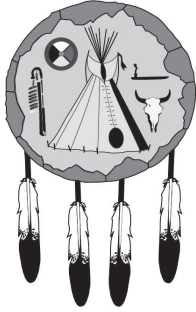
Brad Johnson, District 1
119 Sixth Street
Sioux City, IA 51103
712.258.0500

Donna Larson, District 2
5701 S 85th Circle
Omaha, NE 68127
402.315.2761

Tiffani Spencer, District 3
1701 E Street
Lincoln, NE 68508
402.438.9222

Charla Courmoyer, District 4
1800 Syracuse Ave.
Norfolk, NE 68701
402.371.8834

Committee members are subject to change.



PONCA TRIBE OF NEBRASKA—Emergency Assistance Application

Department of Social Services

Name _____ Enrollment # _____

Address _____ City _____ State _____ Zip _____

County _____

Telephone _____ Social Security # _____ D.O.B. ___ / ___ / ___

Members of Household	Enrollment #	Date of Birth	Relationship

Need for Emergency Assistance and What Caused the Emergency (be specific)

Total household income and where you are employed, please include any State assistance	
Monthly bills	
Rent	Past Due
Electric	Past Due
Gas	Past Due
Water/trash	Past Due
Phone	Past Due
Car Payment	Past Due
Car Insurance	Past Due
Child care	Past Due
Other	

Emergency Assistance Payable to			
Name			
Address	City	State	Zip
Telephone	Contact Name		
Amount Needed \$	Date Needed		

Applicant Signature _____ Date ____ / ____ / ____

Referring Staff _____ Date ____ / ____ / ____

Committee Approval (yes) (no) _____ Approval Date _____

If application is denied, state reason below	

DATE _____

APPLICANT NAME _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

Dear APPLICANT,

I regret to inform you that you have been denied assistance through the Ponca Tribe of Nebraska Emergency Assistance. Your application was denied because of the following reason(s):

_____ Applicant/child of applicant/incapacitated adult member is not an enrolled member of the Ponca Tribe of Nebraska (Must provide enrollment verification).

_____ Applicant did not provide sufficient verification of the crisis or emergency.

_____ Applicant has received the maximum amount of assistance through this Emergency Assistance program within the last 12 months.

_____ Applicant exceeds income guidelines.

_____ Applicant did not provide required information.

_____ Other: (PLEASE DESCRIBE REASON).

Sincerely,

Committee Representatives
Ponca Tribe of Nebraska
Department of Social Services