

TRI-STATE (51) FINANCIAL ASSISTANCE POLICY

To'Hajilee Navajo Chapter/Canoncito Band of
Navajos



Reviewed: December 21, 2022

Approved: _____

TO'HAJIILEE NAVAJO CHAPTER
CANONCITO BAND OF NAVAJOS
TRI-STATE (51) FUND FINANCIAL ASSISTANCE

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TO'HAJIILEE NAVAJO CHAPTER
CANONCITO BAND OF NAVAJOS
TRI-STATE (51) FUND FINANCIAL ASSISTANCE POLICY AND PROCEDURES

I. PURPOSE

- A. Purpose of the To'Hajiilee Navajo Chapter/Canoncito Band of Navajos Tri-State (51) Financial Assistance Policy is to provide guidance to the To'Hajiilee Navajo Chapter Administration (hereinafter the Chapter) and local community, regarding supplemental financial assistance for eligible individuals facing a financial hardship.
- B. All award determinations will be solely based upon need and the availability of funds.
- C. The sole funding source for this Policy and Procedures shall be the To'Hajiilee Chapter Tri-State Fund (51) account, and shall at no point in time pertain to any other funding source.

II. ELIGIBILITY

- A. Requirements for eligible adults include the following:
 - 1. The individual must be a registered voter with the To'Hajiilee Navajo Chapter, a Canoncito Band of Navajos Community Member or a direct decedent of the Canoncito Band of Navajos.
- B. Requirements for eligible minors include the following:
 - 1. The parent must be registered with the To'Hajiilee Navajo Chapter, Canoncito Band of Navajos Community Member or direct decedent of the Canoncito Band of Navajos.

III. ASSISTANCE CRITERIA

- A. Funeral Assistance
 - 1. The deceased individual must qualify under the eligibility requirements listed in Section II.
 - 2. The check will be issued to a requestor which shall be the designee charged with coordinating funeral arrangements for the deceased individual.
 - 3. The requestor is not required to qualify under the eligibility requirements listed in Section II.
 - 4. The maximum Funeral Assistance to be approved is five-hundred dollars (\$500.00).
- B. Hardship Assistance
 - 1. Medical

- a. Medical Hardship Assistance will only be approved if all other sources of assistance have been exhausted.
 - b. Eligible requests include, but are not limited to: medication costs, medical travel expenses, medical equipment, and etc.
 - c. The maximum Medical Hardship Assistance to be approved is \$500.00.
2. Heating or Cooling
 - a. Heating or Cooling Hardship Assistance will only be approved if all other sources of assistance have been exhausted.
 - b. Eligible fuel sources include: wood, propane, electric, and wood pellets
 - c. The maximum Heating or Cooling Hardship Assistance to be approved is \$200.00
3. Personal Needs
 - a. Personal Needs Hardship Assistance will only be reviewed on a case-by-case basis and only approved if there are available funds.
 - b. The maximum Personal Needs Hardship Assistance to be approved is \$200.00.
4. Traditional Healing
 - a. Traditional Healing Assistance will be reviewed and approved subject to the availability of funds.
 - b. The maximum Traditional Healing Assistance to be approved is two-hundred dollars (\$200.00).
5. All forms of Hardship Assistance are contingent upon the availability of funds within the Tri-State (51) Account.

IV. APPLICATION & SUPPORTING DOCUMENTATION SUBMISSION

- A. All individuals requesting financial assistance under this policy must complete the Financial Assistance Application Form (Exhibit A) and attach the appropriate supporting documentation as described below:
 1. For Funeral Assistance
 - a. A copy of the funeral home invoice/estimate for verification.
 2. For Medical Hardship Assistance:
 - a. A denial letter from the Canoncito Band of Navajo Health Center Inc. (CBNHC) showing the individual did not receive coverage and/or care from the CBNHC, or from the individual's medical insurance provider, verifying the aforementioned care was not covered by the individual's insurance coverage/plan.
 - b. A document, such as an invoice or medical bill, for which the amount is being requested.
 - c. Medical travel expense request will be limited and based upon the rates listed within the most current Navajo Nation Travel Policies and Procedures Manual.

3. For Heating and Cooling Hardship Assistance
 - a. An invoice, vendor estimate, or letter indicating purchase amount. A valid document from the vendor shall only be for: wood, propane, electricity, and wood pellets.
 - b. If assistance is requested for electricity, the requestor shall also submit a letter from LIHEAP indicating the individual was either approved or denied assistance.
4. For Personal Needs Hardship Assistance
 - a. A letter of request outlining what their need is and if applicable, a quote, estimate, or invoice.
5. Traditional Healing Assistance
 - a. Letter of request outlining what their need is and if applicable, a quote, estimate, or invoice.
6. The Navajo Nation Privacy Act 2 N.N.C. §§ 81-91, shall apply to all documentation submitted to the chapter.

V. APPROVAL OF FINANCIAL ASSISTANCE

- A. Once a Financial Assistance Application is completed and submitted to the Chapter, the Accounts Maintenance Specialist will forward the completed application to the Community Services Coordinator for review.
- B. The Community Services Coordinator will make a recommendation for approval based upon availability of fund in the Tri-State (51) Account.
- C. The Community Services Coordinator shall review requests within 2 days to ensure the availability of funds in the Tri-State (51) Account, prior to approval.
- D. Chapter Official(s) will have discretion to award either a fully requested or decreased amount based upon the availability of funds in the Tri-State (51) Account.
- E. In the event an award amount exceeds the maximum amount as allowed under Section III, the excess amount will require approval with a valid Chapter resolution by a vote of simple majority. The decision will be determined prior to the assistance being approved and moved forward.
- F. Upon approval, the Accounts Maintenance Specialist will process the assistance in accordance to the disbursement policies and procedures:
 1. The check will be made payable to the payee or selected vendor.
 2. The requestor or vendor must complete the Check Sign Out Sheet with the Accounts Maintenance Specialist.

VI. REQUEST FREQUENCY

- A. One (1) Funeral Assistance award will be provided per deceased individual.
- B. A maximum of one (1) Hardship Assistance shall be awarded per individual, per fiscal year.
- C. No other assistance through any means will be allowed.

VII. AMENDMENTS

- A. The Financial Assistance Policies and Procedures may be amended as deemed necessary by the To'Hajiilee Navajo Chapter.
- B. Any amendment(s) will require Chapter Membership approval by a vote of simple majority, documented with a valid Chapter resolution.

TO'HAIJILEE NAVAJO CHAPTER

Canoncito Band of Navajos

P.O. Box 3398 To'Hajiilee, New Mexico 87026 Phone: (505) 908-2730/2732 Fax: (505) 908-2731

APPLICANTS' INFORMATION

Applicants' Name: _____ Today's Date: _____

Current Mailing Address: _____

Physical Address: _____

Contact Number: _____

Census Number: _____

Are you a Registered Voter with the To'Hajiilee Chapter? YES or NO

Are you a known Direct descendant of a CBN Member? YES or NO

Office Stamp Only

Please Check One of the following Assistances you are requesting for:

Financial Assistance

Funeral Assistance

Please attach the supporting documents: current invoice, statement, bill and/or quotes.

Requestor's Signature/Date: _____

FOR FUNERAL ASSISTANCE ONLY

Name of Deceased: _____ Date of Death: _____

Was the deceased an active Registered voter of the Chapter? YES or NO Census No.: _____

Was the deceased a known CBN Member or Direct decedent of the Chapter? YES or NO

FOR OFFICE USE ONLY

Verification of Membership/Supporting documents: [] Yes [] No Notes: _____

Approved Amount: _____ Approval Date: _____ Funds Available: [] Yes [] No

CSC/Date: _____ AMS/Date: _____

Fund Code: _____ GL Code: _____ Payee: _____

Concurred CO/Date: _____