ELDERS' EMERGENCY ASSISTANCE POLICY, PROCEDURE and APPLICATION

POLICY

Purpose

The Elders' Emergency Assistance Fund is intended to provide immediate, short-term financial support for Elders who are facing **urgent and unforeseen situations** that impact their health, safety, or wellbeing. This may include, but is not limited to, urgent medical needs not covered under other programs such as the Urgent Health Assistance Program, critical home repairs, unexpected travel due to family emergencies, or safety-related appliance failures. The fund offers up to a maximum of $500 per fiscal year when **no other assistance is available**.

This fund is **not** intended for regular cost of living expenses or predictable costs. Due to limited funding, not all requests may be approved, and support will depend on eligibility and available budget.

Note: For medical or health-related emergencies, Elders (age 60 +) should first apply to the Urgent Health Assistance Program (UHAP); any unmet costs may then be requested here under the Elders' Emergency Assistance Fund.

Eligibility

To apply for assistance, the applicant must:

- Be a registered Xatśūll First Nation Member
- Be age 60 or older
- Be facing a **critical and time-sensitive financial need**
- Have explored and been denied support from all other possible funding sources

Funds

- Maximum of **$500 per fiscal year** (April 1 – March 31)
- Funds may be paid directly to the member **or** to service providers depending on the nature of the request and upon receipt of required documentation.
- Funds are **non-transferable** and for the benefit of the applicant only

Criteria

Eligible Emergency Needs May Include (but are not limited to):

- Essential home repairs (e.g., heating, plumbing, structural safety)
- Appliance replacement (e.g., fridge, stove, hot water tank)
- Medical supplies not covered by other programs
- Essential bills that directly impact wellbeing or livelihood (e.g., hydro, power, reconnection fees, urgent vehicle repairs)
- Emergency travel (e.g., medical or funeral-related travel)
- Emergency housing or safety-related needs
- Extreme weather-related support (e.g., firewood, air conditioners, fans, heaters)

Requests must clearly show that the expense is **related to a situation that affects the applicant's health, safety, or ability to live independently**.

All requests must include **supporting documents** as determined by the Director of Community Services or designate. These may include, but are not limited to:

- Travel Request Form (attached)
- Original bills or receipts
- Proof of ownership (for repairs or replacement)
- Quotes from service providers
- Medical documentation (if applicable)

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PROCEDURE

- Elders wishing to access the Fund must complete the **Elders' Emergency Assistance Application Form**, available at the Community Services Reception or through the Xatśūll website. All required information must be provided and the application must be signed by the applicant before it can be reviewed.

- Once a completed application and all required documentation are received, the Community Services Department will review and respond to the request **within 5 business days**. If the application is marked as urgent or time-sensitive, it will be prioritized and reviewed as quickly as possible, ideally within **2 business days**.

  If the request is time sensitive, the applicant should clearly indicate this on the application. Otherwise, payment will be processed during the Finance Department's next scheduled cheque run.

Appeals Process:

If an application is denied, the applicant may request a review of the decision. Appeals must be submitted to the Director of Community Services in writing within **10 business days** of receiving notice of the denial and should include any additional information or documents that support the request.

Appeals will be reviewed by the **Director of Community Services and/or the Chief Administrative Officer**, and a final decision will be provided within **10 business days** of the appeal submission. All appeal decisions are final.

APPLICATION

Elders (60 and over) who are requesting the assistance of Xatśūll First Nation through the Elders' Emergency Assistance Fund are required to complete this Application Form. All requests for assistance will be assessed for eligibility according to the Elders' Emergency Assistance Policy. Elders who are requesting assistance for emergency travel purposes must also submit the travel request form.

First Name:	Last Name:
Address:	
Date of Application:	Phone Number:
Date of Birth:	Band Number:

Purpose of Request. *Select one of the following*:

- ☐ Essential home repairs (e.g., heating, plumbing, structural safety)
- ☐ Appliance replacement (e.g., fridge, stove, hot water tank)
- ☐ Medical supplies not covered by other programs
- ☐ Essential bills (e.g., hydro, power, reconnection fees, urgent vehicle repairs)
- ☐ Emergency travel (e.g., medical or funeral-related travel)
- ☐ Emergency housing or safety-related needs
- ☐ Extreme weather-related support (e.g., firewood, air conditioners, fans, heaters)

- ☐ Other: _____

Please describe your current situation. What are you requesting funding for, and what unexpected circumstances led to this emergency situation?

This funding is intended for Elders who have explored all other available options. Please describe any steps you have taken to try and resolve this situation on your own.

Please list all agencies or Band Departments you have contacted for assistance:

- _____
- _____
- _____

Total Amount of Assistance Received from Agency/Band Department: $_____
(This amount will be deducted from your request)

Have you received assistance from the Elders' Emergency fund during the current fiscal year?
(April 1st to March 31st)

No: ___

Yes: ___ If yes, what was the amount you received: $_____

*please attach a copy of your previous Elders' Emergency Fund Application if possible

Please specify the amount you are requesting (maximum $500/Year): $_____

I, the undersigned, declare that the information provided in this application is accurate and true to the best of my knowledge. I understand that failure to provide complete and accurate documentation may delay the review process. I give consent for the Xatśūll First Nation Community Services Department to verify the details provided in this application, including from other departments and funding sources.

_____ _____
Applicant's Signature **Date**

Completed applications can be submitted via:
- Email: chr@xatsull.com
- In-person: Health Manager, Community Services Office

OFFICE USE ONLY

Date Received: _____

Reviewed by (print name & title):_____

Decision:

☐ **APPROVED**

☐ **DENIED**

Signature **Date**

Travel Request Form

Travel Information		**For Office Use Only**
Destination		
Departure date		
Departure time (e.g., morning, mid-day, evening)		
Return date		
Return time (e.g., morning, mid-day, evening)		
How many kilometers to the destination?		
Lodging Information		
Hotel name(s) and number(s)		
Room preference (e.g., king, double, single)		

Note: *Amount will be determined according to the Xatśūll First Nation Travel Policy.*