



NATIVE AMERICAN FAMILY SERVICES, INC.
3313 B THRASHER ROAD * WHITE CLOUD, KS 66094
(785) 595-3260 – FAX (785) 595-3262
CRISIS LINE: (800) 209-0910

APPLICATION FOR
NATIVE AMERICAN FAMILY SERVICES, INC.
EMERGENCY ASSISTANCE/ECONOMIC RECOVERY ASSISTANCE

This application is intended for Iowa Tribe of Kansas and Nebraska members to seek emergency assistance from Native American Family Services, Inc. a tribally designated comprehensive social services program. The application must be completed in full to be eligible for consideration. Assistance in completion of this application can be obtained by calling and scheduling an appointment Monday through Friday 8:00am through 4:30pm. Additional assistance can be obtained if scheduled ahead of time. Office phone 785-595-3260. Applicant must be an enrolled member of the Iowa Tribe of Kansas and Nebraska, and 18 years of age or older.

Emergency assistance, general welfare assistance, and economic recovery assistance may include but is not limited to utility assistance, food, temporary shelter, rental/housing assistance, education, daycare, subsistence, advocacy, health, medical care, and elder care. Funds for assistance are limited, and are only available on a temporary basis. This application is for COVID related emergency assistance only. Normal emergency assistance is available upon request and after meeting with the Native American Family Services, Inc. Case Manager. Restrictions and criteria to be eligible to receive assistance, and compliance with program requirements must be met.

NAME: _____ DOB: _____

Iowa Tribe Enrollment #: _____ SSN(last four digits): _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Email address: _____ Phone Number: _____

Below is a list of possible impacts that could have affected your family/Household. Please check all that apply. If none please use the following section to describe the circumstances in which you have been impacted by COVID-19.

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| <input type="checkbox"/> Terminated from employment | <input type="checkbox"/> Housing needs, such as rental assistance |
| <input type="checkbox"/> Furloughed/layoff from employment | <input type="checkbox"/> COVID-related quarantine cost |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Food assistance |
| <input type="checkbox"/> Unemployed at start of pandemic | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Medical Supplies |
| <input type="checkbox"/> Suspension of Medical Insurance | <input type="checkbox"/> Unemployment not received to date |
| <input type="checkbox"/> Educational supplies needed or internet services, for school | <input type="checkbox"/> Purchase of COVID related cleaning supplies and PPE |
| <input type="checkbox"/> Daycare expenses for children who otherwise would be in school | <input type="checkbox"/> Children home for virtual learning - needs |

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If none of the above describe your circumstances, please use the space below to provide us with the details how COVID has impacted your family/Household

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Once the request has been submitted the application will have to be reviewed. Each application will go through a review process to verify eligibility, followed by a determination process. You will receive a response once the applications have been reviewed, with an estimated time of determination. Some applications may need further examination to determine eligibility and may take longer to process. Should the case manager and social work director have questions, they will reach out to you to verify information or get answers to any questions they may have to determine eligibility.

RELEASE OF INFORMATION

I understand that by completing this application, Native American Family Services, Inc. may access records to verify enrollment. I also understand that the emergency assistance is a one-time assistance request/program and not an entitlement and should not be considered income. I declare and certify that the information and documentation is true and correct, to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Print Applicant Name: _____ Date: _____

**PLEASE RETURN THIS APPLICATION TO NATIVE AMERICAN FAMILY SERVICES, INC.
ATTN: SHELLY THOMPSON**

EMAIL: nafscm@iowas.org

FAX: 785-595-3262

PHONE: 785-595-3060

OFFICE HOURS: Monday – Friday 8:00am – 4:30pm – to schedule an appointment for assistance in filling out the application and on Thursday and Friday please call prior to coming to the office. Drop-in visits are welcome, but please know that staff may not be readily available to assist during a drop in visit, or you may have a wait time to see staff. Masks are required to enter the building.