



C.A.P. HOUSEHOLD APPLICATION FY2016

16429 Beartown Road, Baraga, MI 49908, Phone: (906) 353-6623 x4162, Fax: (906) 353-4141

Head of Household _____

Social Security # _____ **Tribal ID#** _____

Physical Address _____

Enrollment Card required to apply for assistance (address must be current and updated with KBIC Enrollment Office).

Mailing Address _____

City _____ **State** _____ **Zip** _____ **County** _____

E-Mail Address _____ **Phone/Cell #** _____

List of Household Members *(Place a star * next to members who are attending college or in the service, etc.)*

LAST NAME	FIRST NAME	RELATION TO HEAD OF HOUSEHOLD	DATE OF BIRTH	AGE	TRIBAL ID#	*

Household Applicant Declaration

I agree to report changes in my household composition as they occur and I agree to report an address change and update with enrollment as required, to be eligible for CAP assistance.

I hereby certify that the above information of the household composition is correct and completed to the best of my knowledge and may be used for the purpose of verification when determining eligibility.

Head of Household _____ **Date** _____



COMMUNITY NEEDS ASSISTANCE PROGRAM (CNAP) APPLICATION FY2016

CAP Office, 16429 Beartown Road, Baraga, MI 49908, Phone:(906) 353-4162, Fax: (906) 353-4141

Enrollment card must be presented with application. Are there any changes to your household (address, size...)?
 NO YES, if yes, a new household application must be completed with this request.

HEAD OF HOUSEHOLD	ADDRESS	PHONE	REQUEST DATE
PLEASE CHECK ONE: <input type="checkbox"/> BARAGA COUNTY <input type="checkbox"/> MARQUETTE TRUST PROPERTY RESIDENCE			TRIBAL ID#

NON-MEDICAL EMERGENCY ASSISTANCE (Funding up to \$300 per fiscal year for each household).

\$_____ Amount Requested – Please check which type of request below:

- Home Repairs/Replacement of Appliances/Equipment (attach estimate or receipt).
- Utility/Heating Disconnection Assistance (attach utility shut off/disconnect bill and amount due).
- Vehicle Repair or Tire Replacement (attach estimate/receipt, current registration and insurance).
- Other _____

ADDITIONAL ASSISTANCE (Additional Fire/Local Funeral Funds are available with Tribal President approval).

- Fire Assistance – For fire damage involving a primary residence up to \$1000.00.
- Local Funeral Allowance – Request for up to 3 rooms for 3 days for out of the area immediate family.
- Out of the Area Funeral Travel Allowance – up to \$300 for immediate family member funeral travel.

MEDICAL TRAVEL/SERVICE ASSISTANCE (Request up to \$600 per fiscal year. Additional funds available for eligible applicants with chronic illness/conditions.)

Do you receive medical travel assistance from any other agency: NO YES, if yes check which one applies and you must provide a denial along with your request that you are not eligible for an advance or a reimbursement. Applicants **CANNOT** apply for services that are already covered.

- MEDICAID/UPHP VETERANS AFFAIRS INSURANCE /WORKMANS COMP
- MEDICAL TRANSPORT SERVICES HEALTHY START OTHER _____

\$_____ Amount Requested – Attach verification of appointment(s)/procedure(s) with patient name, date, time, location and length of stay. Please check which type of request below:

- Medical travel specialists Overnight hospitalizations
- Medical/surgical procedures Out the area travel to visit hospitalized family members
- Medical alert services Sobriety/family therapy sessions to obtain

Specify in detail your type of request: (Include dates/location/lodging/food assistance/if driver is needed)

I hereby request assistance. I agree for medical, to turn in verification of attendance, hotel receipts, and/or travel fund overages, within five (5) business days. I understand I will not receive future program funding until the total amount owed is paid in full.

Applicant Signature _____ Date _____

<i>Office Use Only</i>
<input type="checkbox"/> Approved – Recipient _____ \$_____ Amount
<input type="checkbox"/> Denied – Reason _____

CAP Administrator _____ Date _____

You have a right to file an appeal for denials. Hearing process sheets can be obtained in the CAP office.