



KEWEENAW BAY INDIAN COMMUNITY

COMMUNITY ASSISTANCE PROGRAMS (C.A.P.)

Janice M. Halverson, *CAP Administrator*

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Community Needs Assistance Program (CNAP)
NON-MEDICAL ASSISTANCE-*Tribal Funds*
Vehicle Repair or Tire Replacement Request Sheet

Date of Request: _____

Head of Household's Name: _____

Requestor's Name: _____

Type of Request: _____

Amount of Request: _____

Type of Request: _____

Amount of Request: _____

Vendor's Name: _____

Year/Make/Model: _____

Vehicle Owner's Name: _____

Insurance Company: _____

Proof of Insurance (Expiration Date): _____

Proof of Registration (Expiration Date): _____

Vehicle Identification Number (VIN): _____

Vehicle Needed for: Work Minor Children in Home Elder/Disabled or Living in Home
 Tribal Member with Medical Condition/Illness

Do you have the Head of Household's permission to utilize these funds? Yes No

Verbal *or* Written permission given on: _____

(Circle One)

Date/Time

Permission Received By:

Signature of CAP Representative

CHECK LIST:

Completed CAP Application and its Required Documentation

Bill/Statement/Quote/Estimate for Services

Copy of Current Proof of Insurance

Copy of Current Vehicle Registration

For Office Use Only

APPROVED

Person/Vendor's Name: _____

Amount: \$ _____

Person/Vendor's Name: _____

Amount: \$ _____

DENIED

Reason: _____

You have a right to file an appeal for an denial/adverse decision. The Appeal forms can be obtained in the CAP office.

Signature by:

Janice M. Halverson, *CAP Administrator*

Date

-OR-

Representative Name, Title