

## YAVAPAI-APACHE NATION MOTEL EMERGENCY ASSISTANCE FOR ADULT TRIBAL MEMBERS ONLY

## What does Motel Emergency Assistance provide?

 Motel Emergency Assistance provides 2-nights of lodging costs per calendar year in the form of a grant for adult Tribal Members and household who are experiencing major emergencies such as natural disasters, health & safety issues or homelessness.

## How do I apply?

- Adult Tribal Members and households who are experiencing major emergencies must complete the attached application forms and return it to the Tribal Administration with copies of all the following documents:
  - ✓ Yavapai-Apache Nation Enrollment Card
  - Name of motel, motel address, telephone number and, fax number (information only required from Tribal Member's who do not reside in the Verde Valley area)

## How do I become eligible for Motel Emergency Assistance?

- Adult Tribal Members and household become eligible for Motel Emergency Assistance when they are experiencing any of the major emergencies listed above.
- The Tribal Administration will consider the following factors when determining the situation an emergency:
  - ☑ How unanticipated or unexpected is the potential for dislocation from shelter?
  - ☑ How many children are involved in the potential dislocation?
- If approved, lodging costs for 2-nights will be provided at the Cliff Castle Lodge for Tribal Members and households who reside in the Verde Valley area. Incidental Fees Waived.
- For Tribal Members and households who do not reside within the Verde Valley area, lodging costs for 2-nights will be provided at a reasonable priced motel via Yavapai-Apache Nation credit card. The Yavapai-Apache Nation is not responsible for Incidental Fees.

# How long can the Tribal Assistance Program take to determine my eligibility?

 When entire application forms are complete and returned with all required documents, the Tribal Administration must make a decision within 1 operating business day from the date and order application is received.

## **How often can I receive Motel Emergency Assistance?**

- Motel Emergency Assistance is only available 2-nights per calendar.
- Motel Emergency Assistance is to provide short-term relief and is not available beyond 2-nights per calendar year.

#### **IMPORTANT INFORMATION**

All adults of the residence are required to complete the Authorization for Release of Information Form.

Motel Assistance will not be provided if Tribal Member presents to be intoxicated. (i.e. impaired speech, blood shot eyes, reeks of alcohol)

The Yavapai-Apache Nation will not pay for the following: Food, Beverages, Alcohol, Movies, Parking Fees, Phone, etc..

When inquiring the status of your application, information will only be disclosed to the adult Tribal Member who has applied for services.



## **MOTEL ASSISTANCE APPLICATION**

YAVAPAI-APACHE NATION 2400 W. Datsi Street Camp Verde AZ 86322

LEGAL NAME (Last, First, Middle)							MAIDEN N	IAME	
MAILING ADDRESS P.O. BOX/Street			CITY			STATE	ITE ZIP CODE		
PHYSICAL ADDRESS Street		CITY			STATE	E ZIP CODE			
HOME TELEPHONE	WORK TELEPHONE	CELLULAR OR M	ESSAGE NUMBE	:R	EMAIL AD	DRESS			
LIST EVERYONE THAT LIVES WITH YOU START WITH YOURSELF.	J. RELATION TO APPLICANT	ENROLLMENT	NUMBER	SOCIAL SEC	SOCIAL SECURITY NUMBER		DATE OF BIRTH		AGE
1.	SELF								
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
displaced?  PLEASE EXPLAIN THE	REASON WHY YOU AR	RE APPLYI	ING FOI	R MOTEI	LEME	ERG	ENC	Y ASSIST	ANCE?
	HOTEL	INFORM	ATION:	•					
Hotel Name:									
Address:		·							
Phone Number:		Fax N	lumber:						
Email Address:									
Number of Nights:									
Estimated Cost: \$									

Telephone: (928) 567-3649 Fax: (928) 567-3994 Email: adminfrontdesk@yan-tribe.org Website: www.yavapai-apache.org

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#### STATEMENT OF COOPERATION

- 1. I have supplied a copy of my Yavapai-Apache Nation Enrollment Card to verify enrollment membership.
- 2. I have supplied information regarding my entire household's resources and income.
- 3. I have read or had explained to me the application process to receive Motel Assistance Benefits.
- 4. I give my permission for the Yavapai-Apache Nation Tribal Administration to obtain any information needed to determine potential eligibility for Motel Assistance Benefits.
- 5. By signing below, I am stating that the information provided to the Tribal Administration is true to the best of my knowledge.

APPLICANT'S SIGNATURE DA

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the release of information requested by the Tribal Administration to verify where I live, and residents of my household. The Tribal Administration will only use the information for the assistance of which I have applied. The Tribal Administration will not release this information to any other person or agency outside the Tribal Administration or its representatives. This release of information remains in effect while I am a recipient of the Tribal Administration, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: local governments, public assistance programs, health care providers, landlords, employers, private individuals and other departments within the Yavapai-Apache Nation.

#### A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL

SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT
PRINTED NAME
ADDRESS
TELEPHONE NUMBER
DATE
SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT
PRINTED NAME
ADDRESS
TELEPHONE NUMBER
DATE

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