



huu ay aht

ANCIENT SPIRIT, MODERN MIND

Crisis Grant Policy

1 Definitions

"Huu-ay-aht citizens" - as defined under the "Huu-ay-aht Citizenship and Treaty Enrolment Act 2011".

"Crisis" - as defined a condition of unforeseen instability or danger, as in health, social, economic leading to a decisive change; a dramatic emotional or circumstantial upheaval in a person's life.

"Infrastructure" - is defined as shelter or housing related costs.

"common law" means cohabiting in a marriage-like relationship for at least 1 year

Application

2 This policy applies to:

2.1 All Huu-ay-aht citizens over the age of 18 years of age,

2.2 A legal representative of a minor Huu-ay-aht child (under the age of 18 years).

Purpose

3 The purpose of the Crisis Grant Policy is to provide one time assistance (per fiscal year) to HFN citizens/families experiencing unforeseen hardship or crisis.

Policy

4 Funding can only be accessed once all other financial avenues have been exhausted. Funding cannot be used for personal gain (starting a business, buying a house, investments, etc.).

Funding cannot be used for reoccurring costs (monthly bills from creditors, credit card payments).

The citizen must provide receipts totaling the amount funded. This may be after the funding has been spent. This can include associated costs. The monies will be paid directly to the vendor or person providing services or supplies.



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Both the HFN Financial Administration Act and the HFN Purchasing Policy Regulation applies to this policy. There will be a mid-year review of the crisis grant funding spent/budget available and a year-end report. The maximum a citizen can apply for from the grant is \$2,000.00.

4.1 Considerations:

- HFN will be the last resort payer.
- Point of contact with the applicant is the Community Health and Social Development Manager or designate.
- The CHSDM will work with applicants to advise them of all available sources of funding and identify solutions to ensure planning for the future (if applicable).
- There will be no retroactive reimbursement to citizens for expenses previously paid.

5 Applications:

5.1 This Policy is not applicable to non-Huu-ay-aht citizens.

5.2 Applications must be supported by at least one external agency (letter from employer, social worker, counsellor, bank statements, etc.). If common law/ married all documentation is required from both.

5.3 Applications must be in writing and applicants must sign a consent for release of information.

5.4 Applications must clearly state the unforeseen event that resulted in financial hardship.

5.5 Citizens are only eligible for one application per year (12 months).

5.6 The HFN Executive Council is responsible for establishing the budget for the crisis grant each year. Expenditures must be kept with the current fiscal year's Budget Act.



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6 Appeals: Where there is a disagreement with policy, the final decision resides with the Executive Director and the Director Community Services.



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Crisis Grant Application

Name of Applicant:	
Address:	
Phone:	
Are you a Huu-ay-aht Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship Card No.:
Are you a parent of a Huu-ay-aht Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant's date of birth:	
Name of Spouse:	
Spouse's Citizenship Card No.:	
Spouse's date of birth:	
Do you have any dependent children living with you? How many?	
What is your main source of income?	
Have you looked for other sources of assistance? If yes, where?	
If no, why not?	
Please describe the reason you are applying for crisis funding (include reason for hardship, plans for ensuring this will not continue to be a concern):	
Amount requested:	



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Declaration:

I declare that the information given on this form is correct and complete to the best of my knowledge.

I understand that if I knowingly give information that is false I may be liable to prosecution and will be required to repay any assistance received. Also, if I knowingly give information that is false, it may result in forfeiture of any future requests for financial assistance from the Nation.

I consent to my information being shared between agencies and external organizations for the purpose of processing my claim.

If this funding is to support where other funding will be accessed, it will be paid back to the Nation.

Signature of Applicant:	Date:
Reviewed by:	Date:
Huu-ay-aht First Nation	
Amount approved:	
Approved by:	Date: