

# Membership Support Policy

## Purpose

Membership support is intended to provide financial assistance to band members in situations where an individual or family unit find themselves in financial need and all other avenues for financial support have been exhausted.

## Eligibility

In order to access Membership support you must:

- *be a registered member*
- *be 19 years of age or older*
- *not have received membership support in current fiscal year (April 1 through March 31)*
- *be currently be unemployed*
- *be considered to have low income for the family unit(not more than\$2,500.00of monthly family income)*
- *provide proof on income*
- *be receiving social assistance benefits*
- *have payment made directly to supplier or reimbursement based on receipt submitted*

## Ineligible

The following is a list of items that will not be consider to be funded through membership support:

- *Rent, rental arrears or damage deposits*
- *Hydro bills, heating oil or propane*
- *Vehicle payments, insurance payments*
- *Moving expenses (except family violence)*
- *Travel assistance to attend criminal court*
- *Advances on ICBC or WCB or other financial settlements*

## Process

1. *Complete Membership Support Application (attached) then deliver by either method:*
2.
  - *Fax to (250) 761-4156*
  - *Email to [ehattesaht.office@ehatis.ca](mailto:ehattesaht.office@ehatis.ca)*
  - *Mail to Box 59 Zeballos, B.C V0P-2A0*
  - *Hand deliver to band office*
3. *Band Manager will review application to determine eligibility.*
4. *Once deemed eligible payment will be sent to finance for processing & Council approval.*

## Membership Support Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

I am applying to be considered for funds from Member Support for the following reason:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1. I certify that I have tried every other avenue of potential assistance and Membership
2. Support is my last alternative  Yes  No

Please check information that applies to you:

- a. My monthly combined family income, excluding child tax benefit, and B.C. Pension, is
  - Under \$2,500 per month
  - Over \$2,500 per month
- b. I am a recipient of Social Assistance  Yes  No
- c. I am over the age of 19  Yes  No
- d. I am:
  - Single Ehattesaht Band Member with no children
  - Single Ehattesaht Band member, and have Ehattesaht Band Member Child/Children who are under the age of 18
  - Married (Ehattesaht Band Member) with Ehattesaht Spouse and Ehattesaht Children under the age of 18
  - Married Ehattesaht Band Member, Spouse is not from Ehattesaht FN, but Child/Children are comprised of one or more (Ehattesaht Band Members) who are under the age of 18.
  - Married Ehattesaht Band Member, but my spouse and children are not Ehattesaht Band Members
  - Married Ehattesaht Band Member and have an Ehattesaht Band Member Spouse

- e. I am applying for:
  - Family Unit Amount of \$400.00
  - Single Unit Amount of \$200.00, I have no Children, or family members that create a part of my family unit that holds a Ehattesaht Band Status Number.
  - Work Gear for single Ehattesaht Band Member -maximum amount \$200.00
  - Work Gear for Family Unit that is comprised of Ehattesaht Band Members that includes an Ehattesaht Band Members Spouse, and/or Ehattesaht Band Member Child/Children under the age of 18 - Maximum Amount \$300.00

• *(Note: Purchase orders will be provided for food and work gear, any requests that are not covered by purchase order, arrangements will be made to be paid directly via the Ehattesaht Bands Credit Card.)*

Description of what Request is required for:	Amount of Item
<b>Total Requested</b>	

Subtotal \_\_\_\_\_  
 LESS Amount of funding from other sources \_\_\_\_\_  
 Less Cash on Hand \_\_\_\_\_  
**Total Amount Requested** \_\_\_\_\_

• Please list names of Band Members included in this application, including name of applicant:

Band Members Names, including Ehattesaht Band Member Spouse if applicable	Age of Ehattesaht Children Under the Age of 18.	Ehattesaht Band Number for the people on the application.

I certify the above information to be true.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative for Ehattesaht Tribe

\_\_\_\_\_  
Date

**Note:** Please allow a minimum of 10 working days for processing your request (excluding emergency situation). You may be required to complete a means test of Family Income.