



# COEUR D' ALENE TRIBE ELDER/DISABLED PROGRAM

## APPLICATION

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

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

Telephone Number: \_\_\_\_\_ Message Phone #: \_\_\_\_\_

Are you? Elder  Disabled  (If you are disabled you will need to provide documentation from Social Security or State agency showing disabled status)

Tribal Enrollment #: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Please note: ONLY Coeur d' Alene Tribal Members are eligible for Elder/Disabled Program)

Physical Address of proposed services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you own this residence? Yes  No  if no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is it within the boundaries of the Coeur d' Alene Reservation? Yes  No  if no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please write a detailed description of the services you are requesting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Please note that all applications and services are subject to the attached Elder/Disabled Program Policy adopted by the Coeur d' Alene Tribal Council on 8/3/2006 by resolution 196(2006).

**Please attached a copy of you Coeur d' Alene Tribal Enrollment Identification Card.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

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Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved:

Denied:

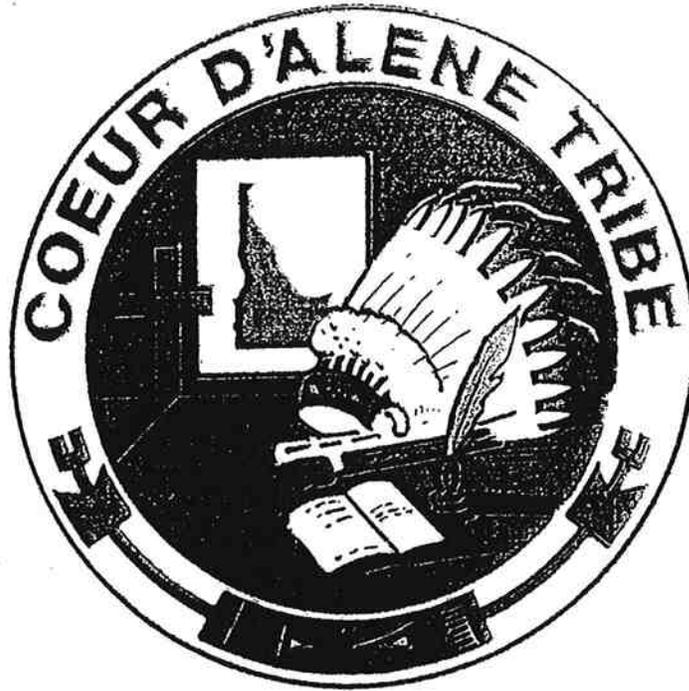
Reason: \_\_\_\_\_

Applicant Notified By:

Phone

Letter

In Person



**CDA TRIBAL ELDER/DISABLED PROGRAM POLICY  
ADOPTED CDA 196(2006) Dtd. 08/03/06**

# **Coeur d' Alene Tribal Elder/Disabled Program Policy**

The Coeur d' Alene Tribal Elder/Disabled Program was established by Tribal Council by Resolution Number 95-2001 to provide emergency aid to **Elders and Disabled Coeur d' Alene Tribal Member Home Owners** who would most likely be on a fixed income and may not be able to afford major home repairs. **Home Owner** is defined as a person who owns or is in the process of purchasing the residence in which they are living. The purpose of this fund is for **emergency home repairs** consisting of issues that would create undue hardships limiting basic living needs concerning the participant's **actual physical residence**. Rentals or sub-lets of any kind, HUD, private or otherwise and or the residence of a non-elder, non-disabled family member are not eligible. In order to qualify for this program you must be an Elder age 55 or older or have a documented disability. Applicant must reside in the home being repaired a minimum of six months prior to application and at least six months after repairs are completed.

All applications for Coeur d' Alene Tribal Elder/Disabled assistance will be reviewed by the Facilities Director to determine eligibility, need, priority and availability of funds for repairs. All applications will be reviewed on a case by case basis.

## **✚ Emergency home repairs as defined by Elder & Disabled Policy:**

**Heat / Repairs** = broken and or out dated: windows, wood stove, broken furnace, entry Doors, exterior siding, exterior paint.

**Water / Repairs** = hot water tank, sewer & water lines, pump septic tank, repair or replace water systems (if denied by Indian Health Service), repair or replace faucets, repair or replace toilets, repair or replace bathtubs, repair or replace kitchen or bathroom sinks.

**Electrical / Repairs** = unsafe light fixtures, unsafe electrical panels, unsafe breakers, unsafe electrical heaters and or furnaces, unsafe electrical outlets.

**Roof / Repairs** = repairs to damaged and or leaking roof

This fund is not intended for cosmetic improvements, landscaping, outbuilding construction or other construction/improvement not considered vital to the participant's basic housing needs. All funds should be used with great care and consideration as to make the funds stretch as far as possible.

↓ **Non-Emergency home repairs as defined by Elder & Disabled Program:**

- Unbroken doors.
- Unbroken windows.
- Floor coverings.
- Plumbing fixtures.
- Interior and exterior doors.
- Kitchen cabinets.
- Interior paint.
- Landscaping.
- Fences.
- Bathroom remodel.
- Room additions.
- Deck construction.
- Carports construction.
- Garage construction.
- Etc.

↓ **Remodels and or Handicap home improvements = ramps, bathrooms, kitchens, etc.** To be approved on an individual basis by Facilities and Administrative Director. Facilities Director shall submit the following information to Administrative Director for approval:

- Tribal Member applicant information.
- State or Social Security document of Disability
- Scope of work.
- Estimated cost of project.
- Estimated time frame to complete project.
- Responsible party to perform work i.e., private contractor, Facilities, Utility, etc.

Each application for Elder/Disabled funds shall be reviewed by the Facilities Director or designee; a site evaluation will be conducted to establish what qualifies as emergency repairs and the priority of each repair. The Facilities Director will review all bids from contractors for quality, price of materials, construction and finishing; Facilities Department will process all paperwork to secure needed materials, labor, contractors or any other related needs. Participant will be responsible for corresponding with the Facilities Office concerning any needs or concerns they may have. Upon completion of each project or repair the participant will be asked to fill out and sign a document stating completion and satisfaction with the project or repair. Payment of all contracts, invoices and related costs shall be subject to final approval by the Facilities Director.

A file for each participant will be maintained by the Facilities Office that will contain the approved application, Purchase Order, all invoices and expenditures, contract copies, correspondence and a total of all monies expenses from that individual account. Copies of this documentation will be available to the participant at there request with in 72 hrs of request. All confidentiality processes will be followed to protect the participant's personal information.