

Information for Band Members

Little Shuswap Lake Indian Band Compassionate Care Fund Application

Purpose:

The purpose of the Compassionate Care Fund is to support LSLIB family members both on and off reserve by assisting with costs such as meals, travel, and accommodation related to palliative care, medical crisis, imminent death or family death. Meals and travel costs will be as per attached guidelines.

Rationale:

Requests for funding that are not within the available funds have prompted the Band to establish a Compassionate Care Fund. The Band wishes to be fair and equitable in the distribution of funds.

Source:

The Band will support requests for funding of eligible immediate family members or families that require assistance with costs such as meals, travel and accommodation expenses related to imminent death, medical crisis, family death or palliative care.

Policy:

Families must appoint one family member who will be responsible for the application and distribution of funds.

All applications must be in writing and submitted to the Band Manager or Health Director.

Verification by Health professional identifying title and a contact phone number may be required.

Key Terms and Definitions:

Immediate Family identifies as spouse, child, father, mother, sister or brother.

Extended family is identified as grandfather, grandmother, aunt, uncle, niece, nephew or first cousin.

Imminent Death is defined as a situation where a medical professional has diagnosed that there is no hope for recovery.

Medical Crisis is defined as a serious medical emergency in which the person is in intensive care in hospital.

Palliative Care is defined as a situation where an individual has been diagnosed with terminal illness. Eligible palliative care costs include family member travel, meals, for distance travel, costs for hiring caregivers, supplies and adaptive clothing.

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Family Emergency is an extreme family crisis including missing person, criminal assault. It does not include break up, court appearances (unless person is the victim).

Funeral expenses on reserve are funded by the band. Requests for assistance with off reserve funeral expenses to be itemized and when possible verified by receipts.

Administration of the Fund:

Individuals may make application to this fund by completing the attached application form and submitting it to Band Manager or Health Director. Decisions will be made in a timely manner. Self-funded expenses will be considered for reimbursement upon presentation of receipts.

Application Response:

Applications will be reviewed in a timely manner. Funds will be disseminated by use of purchase orders and/or cheques following LSLIB Band Administration guidelines.

Appeal Process:

If the request is not approved, the applicant will be notified in writing. The applicant will have 30 (thirty) days to appeal this decision **by letter only** to the Chief and Council. All new information presented to the Chief and Council will be considered. **If the Appeal is not approved, the applicant will be notified in writing with an explanation.**

Disqualification:

Misuse of this fund will result in denial of future support.

Amendment:

This policy will be amended as needed by Chief and Council

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Little Shuswap Lake Indian Band

Compassionate Care Fund Application

Date:		
Name:		
Address:		
Relationship:		
Telephone:		
Email:		
Type of Grant Requested:	<input type="checkbox"/> Funeral <input type="checkbox"/> Imminent Death <input type="checkbox"/> Medical Crisis <input type="checkbox"/> Palliative Care <input type="checkbox"/> Family Emergency	
Funds Requested:	Meals – maximum amt <input type="checkbox"/> Breakfast @ 10.00 <input type="checkbox"/> Lunch @ 10.00 <input type="checkbox"/> Dinner @ 15.00 Travel from _____ to _____ <input type="checkbox"/> Km @ .20 (No receipts required) Other:	
Description of need for Funds:		
TOTAL		
Amount Requested:	Date required:	
Title of Health Professional Confirmation: (Required for Imminent Death, Palliative Care)	Health Professional Contact Info: Phone number or email	
Applicant Signature		

For Office Use Only:	
Request meets guidelines: Y N	Funding approved: _____ <div style="text-align: right; margin-top: 5px;"> Authorized Signature Social Worker, Health Director or Band Manager </div>