



Kake Tribal Heritage Foundation EMERGENCY MEDICAL GRANT

Shareholders of Kake Tribal Corporation, their spouses, and legal descendants may be eligible for a one-time emergency medical grant of up to \$75 for themselves and their escorts if one is needed. This form must be completed by the applicant or attending physician/health professional. Also please remember to attach a copy of travel papers to the application.

Amount Requested: \$ _____ Date: _____

Name of Shareholder: _____

Name and Title of Health Professional _____

Mailing Address: _____

_____ Phone: _____

_____ Phone: _____

Fill this section out if the person with the medical condition is NOT a Kake Tribal Shareholder:

Name of the person with the medical condition: _____ Phone: _____

Relationship to Shareholder: _____

Describe the nature of the medical emergency (should be filled out by health professional): _____

Note: Medical emergencies are defined as any medical condition that requires major surgery or threatens the life of a shareholder, or of a shareholder's spouse or legal descendants.

Purpose for which the grant will be used: _____

Applicant Signature

Health Professional Signature

Request Approved Request Denied

Approved/Denied by (signature)

Reason for amendment or denial of request: _____

