



HANNAHVILLE INDIAN COMMUNITY

HEALTH & HUMAN SERVICES

N15019 Hannahville B-1 Road
Wilson, MI 49896
Phone 906-723-2511
FAX 906-466-7397 HUMAN SERVICES

Emergency Assistance Application

Head of Household: _____ Date: _____

Physical Address: _____ Phone #: _____

Are you a member of the Hannahville Indian Community? Yes _____ No _____

Total number of household members: Adults _____ Children _____ Dogs _____ Cats _____

(Must list ALL individuals staying/residing in home)

One (1) Food Pantry per month, per household in an emergency situation and/or at the discretion of Social Services Staff
Reason for Emergency: (Do not put "need food" or "low on food". Explain your situation, why you cannot afford food?)

By signing this document, the applicant declares the household is in an emergency situation and has no resources available to provide the assistance. Should the applicant make any false statements on this application, future assistance from this agency may be denied.

Food Pantry Pick-up Time: _____

Signature of Applicant

Date

***Application must be complete to be considered, all information asked of applicant must be given**



Social Services Staff Use Only:

Food Pantry Assistance: YES or INELIGIBLE

Authorizing Signature: _____ Date _____

"THE HEALING STARTS HERE"