



HANNAHVILLE INDIAN COMMUNITY

HEALTH & HUMAN SERVICES

N15019 Hannahville B-1 Road
 Wilson MI 49896
 Phone 906-466-2782
 FAX 906-466-7454 HEALTH SERVICES
 FAX 906-466-7397 HUMAN SERVICES

Emergency Assistance Application

Food Pantry Pet Pantry

Head of Household Name: _____ Date: _____

Physical Address: _____

Phone: _____ Tribal Member Household: _____

Total number of household members: Adult(s) _____ Children _____ Pet(s) – Dogs _____ Cats _____

Please list ALL individuals residing in the household

Does anyone in the household receive Commodity Foods? _____ or Food Stamps? _____

One (1) Food/Pet Pantry per month, per household in an emergency situation and/or at the discretion of Social Services Staff.
 Pet Pantry available while supplies last.

Reason for Emergency: (do not put "Need Food" or "Low on Food": explain your situation!)

Please list any food item(s) you cannot eat:

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, present and future assistance from this agency may be denied.

 Signature of Applicant

 Date

Application must be completed to be considered; all information asked of applicant must be given

Social Services Staff Use Only:

Food/Pet Pantry Assistance: Yes or Ineligible

 Authorizing Signature

 Date

SS-021a

"THE HEALING STARTS HERE."