



HANNAHVILLE INDIAN COMMUNITY

HEALTH & HUMAN SERVICES

N15750 Hannahville Road B-1
Wilson MI 49896
Phone 906-466-2782
FAX 906-723-2539 HEALTH SERVICES
FAX 906-723-2519 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

Name	Relationship	Age

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.”