



GRANTS AND DONATIONS DEPARTMENT

Mandan, Hidatsa, Arikara Nation

404 Frontage Road

New Town, ND 58763

Office: (701) 627-4863 Fax: (701) 627-4868

Financial Assistance Request Application

TYPES OF ASSISTANCE: Documentation is required for all requests. **NO EXCEPTIONS.**
Grants & Donations cannot accept appointment cards. Appointment slips from a medical facility **ONLY.**

_____ Medical Appointment (Brief Explanation): _____
Maximum amount allowable is up to \$500.00 per adult enrolled member per fiscal year (October 1st thru September 30th) based on guidelines approved by Chairman's administration.
_____ Emergency Medical/Critical; Life or Limb; Terminal
_____ Funeral Assistance (Relationship to Deceased) _____
_____ Approved _____ Denied Reason Denied _____ Referred To: _____

Please Print Legibly

Legal Full Name (First, Middle, Last) _____ Enrollment Number _____ DOB _____
_____ 301U- _____

ADDRESS: Street/P. O. Box # _____ City _____ State _____ Zip _____

Contact Number(s) (____) _____ or (____) _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Amount Approved: \$ _____ Approved By: _____ Date _____

Mileage \$ _____

Per Diem \$ _____

Room \$ _____

Dates of Previous Funding:

TOTAL TO DATE

Amount Funded:



"The Tribal Business Council of the Three Affiliated Tribes hereby embraces a philosophy of care for our sickest, most vulnerable critically ill patients, and promises the patient's clinical condition as priority."

