huu ay aht
ANCIENT SPIRIT, MODERN MIND

Office: Anacla Government Office, 170 Nookemus Rd, Anacla, BC, *V0R* 1B0
Phone: 1.888.644.4555 / 250.728.3414
Fax: 250.728.1222
Mail: Port Alberni Government Office, 4644 Adelaide St., Port Alberni, BC, V9Y 6N4
Phone: 250.723.0100
Fax: 250.723.4646

Food Support Program

1 Definitions

"Huu-ay-aht citizens" – as defined under the "Huu-ay-aht Citizenship and Treaty Enrolment Act 2011"

2 This policy applies to:

2.1 All Huu-ay-aht citizens over the age of 18 years of age,

2.2 A legal representative of a minor Huu-ay-aht child (under the age of 18 years)

Purpose

3 The purpose of the Food Support Program is to provide Huu-ay-aht citizens with support to purchase groceries in time of need. Citizens will need to access other food agencies in their community before accessing this program.

Policy

4 Funding can be accessed by citizens 2 times per fiscal year. The dates of the request for a food voucher will be used for the timing of when you will be eligible again for each fiscal year. The amount eligible for Huu ay aht citizens is $125 for singles and $200 for couples. Any families requesting food support can go through the Children and Families Department .

This support will be done through a purchase order to the nearest grocery store in their area that Huu ay aht has an account with. Citizens are responsible for providing the grocery receipts to the Community Health and Social Development Manager or designate. If the citizen does not provide the receipts, they will not be eligible for future support.

Considerations:

- HFN will be the last resort payer.
- Point of contact with the applicant is the Community Health and Social Development Manager or designate.
- Receipts are required after the purchase of groceries

Applications:

4.1 This Policy is not applicable to non-Huu-ay-aht citizens.
4.2 Applications can be done by email or phone

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4.3 This program is considered a temporary program and may not continue after March 2025.

4 Appeals: Exceptions can be made in extreme circumstances (where a person's health will be compromised) and where there is a disagreement with policy, the final decision resides with the Executive Director and the Director Community Services.

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Food Support Program

Name:

Address:

Telephone:

Applicant date of birth:

Have you looked for other resources:

Amount requested: $

Receipts must be attached or emailed to Kimberly.n@huuayaht.org upon completion of purchase.

Declaration:

I declare that the information given on this form is correct and complete to the best of my knowledge.

I understand that if I knowingly give information that is false, I may be liable to prosecution and will be required to repay any assistance received. Also, if I knowingly give information that is false, it may result in forfeiture of any future requests for financial assistance from the Huu-ay-aht First Nations.

I consent to my information being shared between agencies and external organizations for the purpose of processing my claim.

Signature of Applicant: _____ _____Date_____

Reviewed by: _____ Date_____

Amount approved: _____

Approved by: _____ Date_____