



Juneau Tlingit & Haida Community Council (JTHCC)

3235 Hospital Drive
Juneau, Alaska 99801
Office 907.463-5680



Mail/Email Donation Application Letter

June 16, 2025

Dear: Applicant,

Thank you for applying for the JTHCC donation. Please read the qualifications located on page two of the application. Donation applications with the supporting documents are accepted on the first of the month at 9am. The office is unable to process an incomplete application. JTHCC does not have a waitlist. The office will contact you and shred the application (Confidentiality)

Please email your completed application and supporting document to jthadmin@juneauthcc.org. This will date and timestamp your application and supporting documents. If you are unable to submit my email, you may put it in the mailbox or mail it to 3235 Hospital Drive Juneau, Ak. 99801. They will be timestamped when received.

The administrative assistant will email the progress of your application and supporting document. (received completed application packet, incomplete application packet or out of donations for the month)

Donations are first come, first serve basis.

Donations are funded by our gaming activity. This donation exists as long as our gaming activity is profitable.

***Supporting documents to be submitted with the application- current eviction notice, Current shut off notice, Fuel bill with acct # or Current Water/Sewer shut off notice.

Sincerely,

Selena Beierly
JTHCC Tribal Administrator
3235 Hospital Drive
Juneau, Ak. 99801



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Donation Application

The office is unable to accept an incomplete application.
Please, answer all questions and provide a current dated supporting document,
Once completed, Email to jthadmin@juneauthcc.org

Part A: Applicant / Head of Household Information		
1) Applicant Name	4) Central Council Enrollment #	Office Verification
2) Physical Address	5) Email Address	
3) City, State, Zip	6) Mailing Address	
7) Telephone	8) DOB	9) Year of Last Donation from JTHCC
10) Provide brief statement explaining emergency/reason for request:		
11) Provide a brief statement showing cause or how/why the emergency happened:		
12) Have you exhausted other agencies or resources for assistance. (The office has other resources).		

Part B: Please only check ONE. Descriptions are on page 2	
☐ #1 Elder Assistance – minimum Age 62	☐ #4 Terminal/Chronic Care
☐ #2 Funeral Assistance	☐ #5 Dental/Vision/Audio
☐ #3 Major/Catastrophic Illness	☐ #6 Tribal Member Emergency

Part C: Please check ONE & provide a current dated supporting document. Vendor to be paid		
1) ☐ Electricity ☐ Housing ☐ Mortuary (Death Certificate) ☐ Heating Fuel ☐ Water/Sewer ☐ Dental/Vision/Audio		
2) Amount Requested (max \$250)	3) Vendor Account # for Utility	4) Name and Address of Vendor

Part D: Funeral Donation Information – Added to Memorial List			
1) Name of Deceased	2) CCTHITA #	3) Date of Birth	4) Relationship
5) Tlingit / Haida Clan information		6) CCTHITA Delegate Yr	7) JTHCC Council Member Yr

Certification: I certify the accuracy of this information. The Juneau Tlingit and Haida Community Council is authorized to verify the above information. I understand personal data will be protected at, all times by Community Council staff and directors

Applicant Signature

Date

Guidelines and Directions

Assistance may be given once annually – January through December

Purpose of Fund

This Donation Program was established to assist Juneau-area tribal members in time of emergencies when the sheer weight of financial need overshadows and creates more hardship. This is not a General Assistance Program.

Availability of Funds

This program is subject to availability of Gaming revenues or from other Council fund-raising efforts. The fund balance will be protected and donations may be reduced in time of shortage.

If there is a shortage of funds there may be an indefinite delay in distributions.

Amount of Assistance

The program will assist to a maximum of \$250 per household annually January through December:

- To each approved request.
- Each elder spouse is eligible under the Elders Program.

Method of Payment

Donations will be made by check, payable directly to the vendor unless other arrangements have been approved.

Application Procedures

The application must be completed with the required document support attached and signed by the Applicant, Head of Household or Legal Guardian of eligible tribal members, ANCSA shareholders.

The application will not be processed until an official medical statement, copy of death certificate or obituary notice to verify the critical circumstances has been submitted.

Confidentiality

JTHCC members and staff are pledged to protect the privacy of applicants. No information will be released concerning the nature or disposition of application unless requested in writing by the applicant.

Time of Payment

All applications are reviewed for eligibility criteria based on the guidelines outlined in this application below.

Checks will be issued as quickly as possible depending on availability of funds ***but a minimum of 7 to 10 business days should be allowed for processing.***

Eligibility

Preference is given to JTHCC enrolled tribal members, their spouses and family members; ANCSA shareholders, spouses and family members; non-Native spouses and family members:

Family members are mother/father, son/daughter, brother/sister and spouse.

Elder's minimum age: 62 years.

Must be enrolled to Central Council T&H

Must be on Juneau voting list.

Must be an ANCSA shareholder

Must reside in the Juneau-Douglas area

Types of Donations

1. **Elders** – donation for tribal elders with special needs such as medical, housing, electrical or heating costs and health or safety needs. Donation must be made payable to applicable vendor. Each elder spouse is eligible separately.
2. **Funeral** – donation will be made toward family funeral expense as well as in-kind donation of use of hall for services ***(if the hall is available - no previous scheduled paid rental).***
3. **Major/catastrophic Illness** – donation for catastrophic physical accident or hospitalization. Patient may apply only once for assistance – escorts are not covered. Direct costs of illness for patient (including doctor ordered escort costs) are not covered. Preventative care as well as exploratory, diagnostic, and other visits are not covered.
4. **Terminal Illness/Chronic Care** – Travel for chronic care patient treatment such as Chemotherapy, Radiation treatment and Dialysis is covered. Escorts are not covered.
5. **Dental/Vision/Audio** – donation for costs associated with obtaining Eyeglasses/Contacts, Dentures and Hearing Aids are covered. Exam costs are not covered. – Payment will be made directly to the vendor.
6. **Tribal Member Emergency Assistance** – one donation per household. This special donation category is to provide assistance for essential needs for shelter and heat/utilities only. It does not include telephone/internet bills, credit card debts vehicle loans, etc. This is not a supplemental payment to other donation programs but is a one-time donation to help in extreme hardship situations. Applicants are expected to have exhausted all other resources available. **Payments are made to vendors only.**