



Brokenhead Ojibway Nation (BON) Compassion Policy & Procedures

Purpose: The purpose of this policy is to offset expenses once per year for individual family situations such as:

- Family member in hospital
- Palliative care
- Terminal care
- Accident/sickness resulting in Hospitalization/critical condition
- Sudden death

BON membership must meet the following to qualify.

Application: Must be completed.

Eligibility: Must be registered member to BON. Spouse (this includes common-law), children, mother, father, grandmother, grandfather, adopted child, brother, sister, aunt, uncle, *custom adoption (Signed Declaration) special exception under this policy only.*

Documentation Require: Proof of BON registered membership. Confirmation from doctor.

Who Qualifies: Must be 18 years of age and must be BON registered member and family head of household.

What is the maximum amount: \$250.00 per occurrence

1. First 7 days \$125.00
2. After 7 days \$125.00
3. Total per occurrence is \$250.00
4. To a yearly max of \$500.00 if there are 2 occurrence in one year

(Annual April – March)

Attach Declaration

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BON Compassion Request Application Form

Personal Information:

NAME: _____ Status Number: _____
Print

Address: _____
Print _____ *Postal Code*

Birth Date: _____ Phone: _____ Mess: _____
Print

Provide all information and reason for applying: i.e.: legal guardian

Applicant Signature: _____ Date: _____

Note:

If any information is missing the application will be returned and not processed until complete.

BON ADMINISTRATION OFFICE USE ONLY

Received by: _____

Approved by: _____

Date Issued: _____

NOTES:

