Lower Similkameen Indian Band Health Taxation Policy

The Health Taxation budget was ratified by Chief and Council in June 2010. The $10,000.00 Health Taxation Budget is a financial reimbursement for unfunded health expenses that are not covered by Non Insured Health Benefits. The maximum amount allocated for an LSIB Band Member is $300.00 per fiscal year.

ELIGIBILITY

- Any member applying for these dollars must have a diagnosed chronic medical condition
- Elders, chronically ill, and children will be first priority
- A LSIB Member living on or off reserve
- Members on Social Assistance, Disability and or Pension

APPLICATION

- Consideration for all applications will be based on severity of illness and long term effects to health.
- All alternate funding resources must be exhausted and documentation provided.
- Applicants must allow a minimum of one month for review by the committee.
- All requests must be at a reasonable rate- comparable to other professionals in the region.
- The Health Taxation dollars are not allowed for multi-vitamins or nutrition supplements.

The Committee will be made up of the following people and will meet once a month to review each application.

Nurse, Health & Social Team Lead, Health Clerk
HEALTH TAXATION FUNDING REQUEST

NAME: __________________________ ADDRESS: __________________________

CONTACT #: ______________________ STATUS #: __________________________

REQUEST DETAILS

________________________________________________________________________

WHAT AVENUES HAVE YOU TAKEN TO FIND OTHER RESOURCES?

________________________________________________________________________

________________________________________________________________________

AMOUNT REQUESTED __________________________________________

PLEASE ATTACH SUPPORTING DOCUMENTS AND ANY WRITTEN DETAILS OF YOUR REQUEST. (EG; DR NOTE, HEALTH PROFESSIONAL INFORMATION)

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________________________________________________________________________

________________________________________________________________________

SIGNED: __________________________ DATE: __________________________

RECEIVED BY: __________________________ DATE: __________________________

________________________________________________________________________

FOR ADMINISTRATION USE ONLY

Approved  Yes ___  No ___

DATE: __________________________

Signed __________________________