



# SNOQUALMIE INDIAN TRIBE

## FUNERAL ATTENDANCE ASSISTANCE APPLICATION

### APPLICATION-----

The Snoqualmie Indian Tribe's Funeral Attendance Assistance Program provides financial assistance to help adult enrolled Snoqualmie Tribal Members attend a wake, funeral, burial, and other bereavement event(s). Tribal members can receive up to \$1,000 (one thousand dollars) in assistance, per fiscal year (October 1 - September 30), as set forth in the Funeral Attendance Assistance Policy.

Eligibility for the Funeral Attendance Assistance Program:

1. Applicant must be an adult enrolled member of the Snoqualmie Indian Tribe.
2. The benefit is for individual use by the adult enrolled member.

Limits on the distribution of Emergency Assistance Program:

1. The assistance can be used towards transportation and/or lodging costs associated with attending a wake(s), funeral(s), burial(s), and other bereavement event(s).
  - a) Transportation includes but is not limited to: gas, airfare, train tickets, ferry, and tolls.
2. The assistance cannot be used towards an expense that is consider 'lavish or extravagant' (i.e., first-class plane tickets, luxury lodging accommodations, lodging accommodations that are otherwise excessive, etc.).
3. Incidentals accrued in addition to basic lodging costs will not be covered, including without limitation:
  - a) Room service
  - b) Room damages
4. Payments can be made through the following:
  - a) Payments directly to vendors
    - i. Require an invoice or quote be submitted prior to release of funding, and subsequently provided receipts.
  - b) Advances with the requirement of reconciliation
    - i. Require an invoice or quote be submitted prior to release of funding, and subsequently provided receipts.
  - c) Reimbursement for approved items with original receipts
5. Proof of attendance must be provided in the form of a memorial card or program.
6. The Funeral Attendance Assistance Benefit is a discretionary benefit program authorized by the Tribal Council and subject to Tribal Council appropriations. Authorization of this program does not create any liability on the part of the Tribe for any future payment. The Tribal Council reserves the right to alter or eliminate the Funeral Attendance Assistance benefit and/or its eligible and ineligible items list at any time and for any reason.



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APPLICATIONS CAN BE SCANNED, FAXED, MAILED TO THE SNOQUALMIE TRIBAL OFFICE  
AT:

ATTN: GENERAL RESOURCES DEPARTMENT  
MAIL: P.O. 969, SNOQUALMIE, WA 98065

FAX: (206) 202-4535  
EMAIL: GENERALRESOURCES@SNOQUALMIETRIBE.US

## PERSONAL INFORMATION-----

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (or best contact number): \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Email (if one is available): \_\_\_\_\_

Preferred method of contact (circle one):      MAIL      PHONE      EMAIL

Type of Assistance:    TRANSPORTATION      LODGING      BOTH

Vendor Name (s): \_\_\_\_\_

NOTE: ATTACH ALL SUPPORTING DOCUMENTS.

<b>EXPLANATION OF NEED:</b>



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AMOUNT  
REQUESTING: \_\_\_\_\_

Type of Payment:    VENDOR                      ADVANCE                      REIMBURSEMENT

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This program is intended to fall under the Tribe's General Welfare Policy. The Snoqualmie Tribal Council wishes to ensure that no tribal member in the community will be without basic fundamental necessities of life. The General Welfare Policy ("Policy") will not completely fund all members' financial and other needs, but is designed to lessen the burden of living expenses in their everyday lives. It is the intent of the Tribal Council that the Policy be funded from the Tribe's general fund, which will not be subject to state or federal taxation and will not reduce fixed income or other benefits of the recipients.

I certify the information contained in this application is complete and accurate to the best of my knowledge. I understand that I am signing this application if I knowingly give false information which results in payment to which I am not entitled, that this benefit may be revoked. By signing I agree that the Funeral Attendance Assistance Program may contact other tribal programs for pertinent information as it applies to this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_