



# SNOQUALMIE INDIAN TRIBE GENERAL WELFARE CONSOLIDATED ASSISTANCE APPLICATION

## APPLICATION-----

### CRITERIA FOR CONSOLIDATED ASSISTANCE:

- a. To be eligible for the Consolidated Assistance benefit, you must be an Enrolled Adult Snoqualmie Tribal Member.
- b. To apply for the Consolidated Assistance program you must:
  - A. Complete a Consolidated Assistance Program Application; and
  - B. Select Benefit Amount & Select Benefit Categories you intend to use funds towards.
    - i. If you select a benefit category that requires additional supporting documents these must be submitted with your application, these are noted in the category descriptions below.  
(i.e., Rent/mortgage must submit a lease/mortgage statement with application)
- c. Program benefits are subject to change and may increase/decrease based on available funding.
- d. It is the responsibility of the applicant to retain receipts of eligible usage for this program every month.
- e. The Tribe reserves the right to identify files for individual audits to ensure program compliance.

## PROGRAM LIMITATIONS-----

Adult Tribal Members between the ages of 18-55 are eligible for **up to \$2950/ per month** in consolidated general welfare assistance.

Elder Tribal Members aged 55 or greater are eligible for **up to \$3550/per month** in consolidated general welfare assistance.

All eligible Tribal Members may elect to use the consolidated general welfare assistance for any eligible expense in any category, provided the election is within the ranges above and does not exceed the total amount of eligibility.

Applications are due by the 10<sup>th</sup> of the month in order to be considered for that month's distribution cycle, only completed applications will be honored.

Distributions take place on or around the 20<sup>th</sup> of the month for Elders and on or around the 23<sup>rd</sup> of the month for Adults.

It is the responsibility of the applicant to maintain usage receipts for this program for no less than one year. Receipts must be for expenses consistent with the Limits on Distribution identified below. The Tribe reserves the right to audit program usage at random to ensure program compliance.



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## LIMITS ON DISTRIBUTION

- A. Housing Assistance. Funds shall only be used to pay for Eligible Expenses at the Tribal Member's primary residence only. Eligible Expenses include:
1. Basic utility services, specifically water, sewer, trash, electricity, gas, and heat source (natural gas/propane/firewood/pellets); and
  2. Basic communication services, specifically landline and/or cellular telephone, internet, and basic cable services.
  3. Rent/ Mortgage/ Property Taxes.
- B. Health Care Assistance. Funds shall only be used to pay for eligible medical expenses, for non-prescription drugs, or for expenses that are beneficial to the general health of the Tribal Member, such as vitamins and participation in wellness programs.
1. Medical expenses are the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and the costs for treatments affecting any part or function of the body. These expenses include payments for legal medical services rendered by physicians, surgeons, dentists, and other medical practitioners. They include the costs of equipment, supplies, and diagnostic devices intended for these purposes.
  2. Medical expenses must be used primarily to alleviate or prevent a physical or mental defect or illness. They do not include expenses that are merely beneficial to general health.
  3. Medical expenses include the premiums one pays for health insurance that covers the expenses of medical care, and the amounts one pays for transportation to receive medical care.
  4. Medical expenses also include amounts paid for qualified long-term care services and limited amounts paid for any qualified long-term care insurance contract.
  5. Medical expenses also include traditional medicine and healers, including homeopathic healers, medicine and practices.
  6. Wellness Programs, such as gym memberships, purchase of gym/ wellness equipment, and any items that contribute to overall health and wellness.
  7. Eligible medical expenses are defined as those:
    - (a) Incurred while the Tribal Member is eligible on the program;
    - (b) Not attributable to a deduction allowed under IRS Code Section 213 for any prior taxable year; and
    - (c) Not covered, paid or reimbursed from any other source, including but not limited to IHS and CHS.



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8. Non-eligible medical expenses.
  - (a) Cosmetic procedures. Specifically, cosmetic surgery is not an eligible expense. This includes any procedure that is directed at improving a patient's appearance and does not meaningfully promote the proper function of the body and/or prevent and/or treat illness or disease.
    - (i) An exception will be made if the surgery or procedure is necessary to ameliorate a deformity arising from, or directly related to, a congenital abnormality, a personal injury resulting from an accident or trauma, or disfiguring disease. Prior approval and notification of services to the Department will be required at least 90 days prior to the services requested. Proper documentation should include a letter of medical need from the medical doctor performing the service outlining services to be performed and the scheduled date of service. An itemized medical bill will be required after the procedure is performed to substantiate all expenses.
  - (b) Controlled Substances. Out-of-pocket expenses associated with the used of controlled substances (such as marijuana, laetrile, etc.) that are not legal under federal law, regardless if such substances are legalized by state law, are not an Eligible Expense.
- C. Elders Assistance. The funds shall only be used to pay for Eligible Expenses for unmet needs. Elders are any tribal Member aged 55 years or older. Eligible Expenses include but are not limited to daily life expenses, costs associated with housing and home maintenance, transportation expenses, food, healthcare, clothing, debt payoff, and goods for the home or Elder. Eligible Expenses exclude alcohol and controlled substances, and gambling.
- D. Food and Clothing Assistance. Funds shall only be used to pay for Eligible Expenses per household.
  1. Eligible Expenses include:
    - (a) Food and personal hygiene expenses.
    - (b) Clothing expenses.
  2. Eligible Expenses exclude alcohol, tobacco products, soda, energy drinks, and pet food and supplies.



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## PERSONAL INFORMATION

Name of Tribal Member: \_\_\_\_\_ Enrollment number: \_\_\_\_\_

Full Address: \_\_\_\_\_

I live at the same address as another adult enrolled Snoqualmie Tribal Member:   **YES**            **NO**

Email \_\_\_\_\_ Phone (or best contact number): \_\_\_\_\_

Monthly Benefit Amount being Requested: \$ \_\_\_\_\_ (adult cannot exceed \$2950, elder cannot exceed \$3550)

Please check "X" the box for each type of assistance for which you intend to use for the general welfare assistance. For all categories checked, you agree that you are the financially responsible party for the expense and supporting documentation will be retained. For households with more than one Adult Tribal Member, invoices or bills from the same vendors will not be accepted as eligible uses of funds.

**Housing Assistance.** Funds shall only be used to pay for Eligible Expenses at the Tribal Member's primary residence only.

- Basic utility services, specifically water, sewer, trash, electricity, gas, and heat source (natural gas/propane/firewood/pellets); **must submit a current utility bill with Tribal Members' name listed.**
- Basic communication services, specifically landline and/or cellular telephone, internet, and basic cable services.
- Rent/Mortgage/ Property Taxes; **must submit a lease, mortgage statement, or property taxes with Tribal Member name.**

**Health Care Assistance.** Funds shall only be used to pay for eligible medical expenses listed below.

- Payments for legal medical services rendered by physicians, surgeons, dentists, and other medical practitioners. They include the costs of equipment, supplies, and diagnostic devices intended for these purposes.
- Premiums one pays for health insurance that covers expenses of medical care; **must provide healthcare insurance card**
- Transportation to receive medical care.
- Payments for qualified long-term care services and limited amounts paid for any qualified long-term care insurance contract. Traditional medicine and healers, including homeopathic healers, medicine and practices. Wellness Programs, such as gym memberships, purchase of gym/ wellness equipment, and any items that contribute to overall health and wellness not covered by another program.

**Food and Clothing Assistance.** Funds shall only be used to pay for Eligible Expenses per household.

- Food and personal hygiene expenses. (Ineligible: fast food, beer/wine/liquor, soda, energy drinks, cigarettes)
- Clothing expenses.

**Elders Assistance.** Funds available only to Elders 55+ (review eligible items on previous page)

- I am 55+ and requesting Elders Assistance.



# SNOQUALMIE INDIAN TRIBE GENERAL WELFARE CONSOLIDATED ASSISTANCE APPLICATION

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, the Tribe may treat the payment as taxable and issue me a Form 1099-MISC and pursue additional disciplinary action including, but not limited to, benefit suspension. I further agree and consent to the confidential release of this application and other materials related to my general welfare benefit use to third parties as may be required in the event of a compliance review or audit.

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

Submit completed applications with supporting documentation to:

Department: General Resources

Email: [General.Resources@Snoqualmientribe.us](mailto:General.Resources@Snoqualmientribe.us)

Mail: PO Box 969 Snoqualmie WA, 98065

Fax: 206-202-4535

Completed applications/recertifications packets are due by the 10<sup>th</sup> of the month to be considered for the next month's funding cycle.