



SNOQUALMIE INDIAN TRIBE

GENERAL WELFARE ASSISTANCE FOR INCARCERATED TRIBAL MEMBERS APPLICATION

APPLICATION-----

CRITERIA FOR GENERAL WELFARE ASSISTANCE:

To be eligible for this assistance you must be:

1. An enrolled Snoqualmie Tribal Member; and
2. Currently be serving a convicted sentence of more than sixty (60) days in prison or jail

For food and clothing assistance, the Incarcerated Tribal Member is responsible for determining how payment from the Tribe should be issued to meet the criteria of the correctional facility for use by the Tribal Member. The Tribe may verify acceptable methods of payment with the correctional facility as necessary.

For housing assistance benefits, the Incarcerated Tribal Member may designate a spouse, dependent, or qualified non- member to receive the Incarcerated Tribal Member's benefits on his or her behalf during the period of incarceration.

1. "Spouse" means a person who is married to an incarcerated Tribal Member under the law or customs recognized by the Snoqualmie Indian Tribe.
2. "Dependent" means any person under the age of 18 who is a direct descendant, by way of blood, of an incarcerated Tribal Member.
3. "Qualified Non-Member" means a spouse, legally recognized domestic partner or former domestic partner, ancestor, descendant, or dependent of an incarcerated Tribal Member, who is not an enrolled member of the Snoqualmie Indian Tribe.

To apply for the General Welfare Assistance program:

1. The Incarcerated Tribal Member shall complete the application for general welfare assistance; and
2. Provide the following to be eligible for the housing portion of the benefit:
 - a. Proof of residency for the housing assistance benefit; and
 - b. Proof of incarceration.
 - c. Proof of relationship to the designee: marriage certificate, birth certificate, or other similar document.

Program benefits are subject to change and may increase/decrease based on available funding.



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PROGRAM LIMITATIONS-----

Eligible Expense Distributions	Standard Monthly Funding
Housing Assistance	\$1,700 USD
Food and Clothing Assistance	\$200 USD

For each Incarcerated Tribal Member who meets the eligibility criteria above, the payment shall cover all Eligible Expenses. Eligible expenses are provided for in the above amounts for up to \$1,900 USD per month.

LIMITS ON DISTRIBUTION-----

- A. Housing Assistance. Funds shall only be used to pay for Eligible Expenses, including:
 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. Food and Clothing Assistance. Funds shall only be used to pay for Eligible Expenses.
 - I. Eligible Expenses include:
 - (a) Food and personal hygiene expenses.
 - (b) Clothing expenses.



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APPLICATION CAN BE SCANNED, FAXED, MAILED, OR HAND DELIVERED TO THE
SNOQUALMIE TRIBAL OFFICE AT:

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

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

PERSONAL INFORMATION-----

Name of Incarcerated Tribal Member: _____

Inmate Number: _____

Correctional Facility: _____

Correctional Facility Address: _____

City, State, Zip: _____

Correctional Facility Phone Number: _____

Please check the box for each benefit for which you are eligible, and attach all necessary documentation:

✓	Eligible Monthly Expense Distributions	Benefit Amount
	Housing Assistance \$1,700 USD	
	Food and Clothing Assistance \$200 USD	
	Total:	

Method for receiving Food and Clothing Assistance Benefits: _____

Name of Designated Beneficiary to receive Housing Assistance Benefits: _____

Relationship of Beneficiary: _____

Designated Beneficiary's Address: _____

Designated Beneficiary's Phone Number and E-mail: _____



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The Snoqualmie Tribal Council wishes to ensure that no tribal household 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/or pursue remedies to recover funding.

Tribal Member Signature: _____ Date: _____

Designee Signature (if applicable): _____ Date: _____