Snoqualmie Indian Tribe
General Welfare assistance for Minor not in a tribal household

Application----------

CRITERA FOR GENERAL WELFARE ASSISTANCE:

To be eligible for this assistance you must be:

1. A dependent means anyone under the age of 18 who is, an enrolled member of the Snoqualmie Indian Tribe and is eligible for services.
    a. The dependent must be enrolled in the Snoqualmie Indian Tribe to receive this benefit.
        i. The dependent must reside 51% or more of the time each month within a Non-Snoqualmie Tribal Household or Non-Snoqualmie Residence to be eligible for the benefit for that given month.
            - *A "Non-Snoqualmie Tribal Household"* includes (1) placement by ICW or State with a non-Snoqualmie household/guardian; or (2) the non-Snoqualmie parent is the custodial parent.
            - *A Non-Snoqualmie Residence* means the residential care facility or other congregate residence in which a dependent has been placed after being declared a ward of the Tribe by Snoqualmie Tribal Court.

    b. A Tribal Program Participant is eligible for Tribal General Welfare Benefits under this Program even if there is a Snoqualmie member adult in the household receiving Tribal General Welfare Benefits, provided that Snoqualmie member adult is not the financially/legally responsible party for the minor that is receiving the benefit.

        i. *"Tribal Program Participant"* means a Tribal Member, spouse of a Tribal Member, dependent of a Tribal Member, or other individual who has been determined by the Tribal Council to be eligible for a Tribal General Welfare Benefit because such individual is, with respect to a Tribal Member, an ancestor, descendant, former spouse, widow or widower, legally recognized domestic partner or former domestic partner, or an individual for whom a Tribal Member is a caregiver authorized under Tribal or State law.

    c. Enrolled Snoqualmie minors who reside within a Snoqualmie Tribal Household, even if the adult Tribal Member in that household is not their biological parent, are not eligible for this program.
    d. All participants must complete recertification in accordance with the Department Recertification Period Calendar. Recertification periods are assigned based on the last name of the Snoqualmie Caregiver/custodial parent/ICW Social Worker .

To apply for the General Welfare Assistance program, you must:

1. The guardian or custodial parent or ICW Program Social Woker shall complete the application for general welfare assistance.
2. Provide the following to be eligible for the housing portion of the benefit:
    a. Proof of residency for the housing assistance benefit
3. It is the recipient's responsibility to retain eligible receipts for up to one year in the event of an audit.
4. Program benefits are subject to change and may increase/decrease based on available funding.

Tribal Welfare Benefits under this Program are provided for in the following amounts for up to:

Tribal Program Participant in a Non-Snoqualmie Household	
Eligible Expense	Monthly General Welfare Benefit
Housing Assistance	$350.00
Food, Clothing, and Personal Hygiene Item Assistance	$250.00

Tribal Program Participant in a Non-Snoqualmie Residence	
Eligible Expense	Monthly General Welfare Benefit
Food, Clothing, and Personal Hygiene Item Assistance	$250.00

"Tribal General Welfare Benefit" means any benefit provided under this Program for the promotion of the general welfare of the Tribe to any eligible Tribal Program Participant that is not lavish or extravagant and is not compensation for services

RECERTIFICATION SCHEDULE----------

Last Name		*Recertification Period*
A, B	*January*	*March 10th*
C	*February*	*April 10th*
D-E	*March*	*May 10th*
F-G	*April*	*June 10th*
H-J	*May*	*July 10th*
K-L	*June*	*August 10th*
M	*July*	*September 10th*
N-Q	*August*	*October 10th*
R	*September*	*November 10th*
S	*October*	*December 10th*
T-W	*November*	*January 10th*
Y, Z	*December*	*February 10th*

Please recertify as soon as possible during your assigned month. You have 60-days to complete recertification documents to stay in compliance with the program. If you move, please contact the General Resources Department within 14-days of your move to stay compliant with the program.

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Personal Information

Name of Guardian/Non-Tribal Parent/ ICW Social Worker: _____

Name of Enrolled Snoqualmie Minor(s) list all in household with enrollment #(s):

_____

_____

_____

Full Address _____

Phone:_____Email:_____

Circle One: Tribal Participant in a Non- Snoqualmie Tribal Household (*eligible up to $600 per eligible child)*

Tribal Participant in a Non-Snoqualmie Tribal Residence *(eligible for only $250 in Food/Hygiene)*

Please check the box for each benefit for which you are eligible. Attach proof of residency if electing housing.

√	Eligible Expense Distributions	# of enrolled Snoqualmie minor(s) in household or residence	Cumulative Benefit Amount
	Housing Assistance -$350		
	Food and Clothing Assistance -$250		
	*TOTAL:		

*Each service-eligible dependent residing in a Non-Snoqualmie Household who meets the eligibility criteria may be awarded up to $600 per month. Each service-eligible dependent residing in a Non-Snoqualmie Residence or ICW placement who meets the eligibility criteria may be awarded up to $250 per month for food and clothing assistance.

The Snoqualmie Indian Tribe ("Tribe") is committed to safeguarding and promoting the health, safety, and well-being of dependent Snoqualmie children. The Snoqualmie Tribal Council ("Tribal Council") recognizes that providing for the basic needs of dependent Snoqualmie children is both a cultural imperative and a sovereign responsibility. The Tribal Council finds that the provision of Tribal General Welfare Benefits under this Program for the housing, food, clothing, and hygiene item needs of dependent Snoqualmie children is vital to the Tribe's mission to protect, nurture, and empower its youngest generation. Accordingly, the Tribal Council creates the Program pursuant to the authority conferred by the Tribal Constitution to promote the general welfare of the Tribe and to provide for the housing, food, clothing, and personal hygiene needs of dependent Snoqualmie children who reside most of the time in a Non-Snoqualmie Household or Non-Snoqualmie Residence.

The Tribal Council establishes this Program in conformance with Tribal law, the guidelines set forth in the Tribe's General Welfare Policy, the Tribal General Welfare Exclusion Act of 2014, Public Law 113-168, 128 Stat. 1883 (2014), and the regulations set forth at 26 C.F.R. part 1.

The Tribal General Welfare Benefits authorized by this Program are intended to qualify for tax-free treatment to the fullest extent permitted by law.

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, I will be subject to the penalties outlined in the General Welfare Misuse Policy which may include remedies to recover funding.

Signature:_____ Date:_____

Send Applications to the General Resources Department at:
Mail: PO Box 969 Snoqualmie
WA 98065
Questions please contact Richard Bonifant at generalresources@snoqualmietribe.us