



SNOQUALMIE INDIAN TRIBE

GENERAL WELFARE ASSISTANCE FOR MINORS NOT IN A TRIBAL HOUSEHOLD APPLICATION

APPLICATION-----

CRITERIA 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 a direct descendent, by way of blood, of an enrolled member of the Snoqualmie Indian Tribe.
 - a. The dependent must be deemed service eligible by the Tribal Secretary's department in order receive this benefit.
 - i. The dependent must reside 51% or more of the time each month within a non-Snoqualmie Tribal household 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.
 - b. Service eligible dependents 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.

To apply for the General Welfare Assistance program you must:

1. The guardian or custodial parent 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; and
 - b. Current W9
- c. Program benefits are subject to change and may increase/decrease based on available funding.

PROGRAM LIMITATIONS-----

Eligible Expense Distributions	Standard Monthly Funding
Housing Assistance	\$200
Food and Clothing Assistance	\$250

For each service eligible dependent who meet the eligibility criteria above, the payment shall cover all Eligible Expenses. Eligible expenses are provided for in the above amounts for up to \$450 per month.

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. 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, pet food and supplies, and fast food items.



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**APPLICATIONS CAN BE SCANNED, FAXED, MAILED OR HAND DELIVERED 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 of Guardian/Non-Tribal Parent: _____

Name of Minor Snoqualmie Child(ren): _____

Name of Tribal Parent (if known): _____

Full Address: _____

Phone: _____ Email _____

Household size: _____

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

✓	Eligible Expense Distributions	# of service eligible Snoqualmie child(ren) in household	Benefit Amount
	Housing Assistance -\$200		
	Food and Clothing Assistance -\$250		
	*TOTAL:		

*For each service eligible dependent who meet the criteria above they are eligible to apply for up to \$450 per month.

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.

Signature: _____ Date: _____