



SNOQUALMIE INDIAN TRIBE

VETERANS HEALTHCARE PROGRAM

IN-HOME CARE APPLICATION

APPLICATION

The Snoqualmie Indian Tribe provides in-home care services to Tribal Veterans up to \$15,000 USD (fifteen thousand) per fiscal year to assist with bridging the gap in healthcare services and funding.

The purpose of in-home care is to provide short-term assistance to a Tribal Veteran who is recovering from a major medical event, surgery, or in need of hospice/end of life care. The level and type of service is to be determined by the Veteran's primary care provider (M.D./ARNP) and is based upon temporary impairment due to functional limitations and an inability to perform the normal activities for daily living.

The Veterans In-Home Care benefit is a one-time benefit subject to change at any time based on the availability of funds, as may be determined by resolution of the Tribal Council of the Snoqualmie Indian Tribe.

Eligibility for the In-Home Care Program:

- Tribal Veteran: currently enrolled as a Snoqualmie Indian Tribe Member or Snoqualmie Descendent (will be reviewed by Tribal Secretary for eligibility) and a person who served in the U.S. armed forces: Army, Navy, Marine Corps, Air Force, Space Force, or Coast Guard on active duty, in the reserve, or in National Guard.
- DD-214 that lists a discharge or release therefrom under conditions other than dishonorable must be on file;
- Provide proof of medical necessity (ie. a referral from your provider)
- Provide proof of primary insurance coverage (Uninsured Veterans are required to work with the General Resources Department to establish a primary form of insurance.)

The following individuals are ineligible:

- Veteran residing outside of the United States

To apply for In-Home Care Program:

- Complete the In-Home Care Service application;
- Provide a copy of your DD-214 and primary insurance card with the Tribal Veteran's name listed;
- Provide a copy of the medical referral signed by your primary physician which details level and length of recommended care;
- Provide a letter or documentation showing the allowable coverage provided by the applicant's primary insurance if any; and
- Provide a copy of the contract or agreement between applicant and vendor who is to provide care.
- Have the vendor providing care fill out the Facility Provider In-Home application with all supporting documents.



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Limits on the distribution:

- Eligible Tribal Veterans have the ability to access up to \$15,000 USD over three (3) months, unless extended for good cause as explained below. Once the full funding is used, the program cannot be accessed again.
- Payment will be made directly to the vendor.
- The vendor is required to submit a monthly timesheet-logging the daily hours in addition to a bill.
 - All payments will be made on a monthly basis and processed within 5-10 business days of receipt of bill and timesheet.
- The caregiver is to provide immediate medical and personal care assistance including but not limited to personal hygiene assistance, medication reminders, diet monitoring, transportation to medical appointments, and walking assistance.
- The purpose of the care-giver is not for home care, non-medical errands, or companion care.



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PERSONAL INFORMATION-----

Veteran 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

Are you eligible for VA Benefits (circle one): YES NO

Emergency Contact: _____

Primary Insurance Provider: _____

Vendor Name: _____

Vendor contact information: _____

*Vendor must submit contract, Facility Provider In-Home, W-9, and other required documents as listed on the Facility App.

EXPLANATION OF NEED: major medical event, surgery, or in need of hospice/end of life care



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- Contract must list the Veteran's name on them.
- Invoice for payment must list the Veteran's name on them.

The Snoqualmie Tribal Council wishes to ensure that no Tribal member in the community will be without basic fundamental necessities of life. The Tribal Veteran Healthcare Program will not completely fund all of members' financial and other needs but is designed to lessen the burden of continuing education expenses to enrich their everyday lives. It is the intent of Tribal Council that the Program be provided as a benefit to support the general welfare of the Tribal community and that payments issued under the Program will not be subject to state or federal taxation. However, recipients should consult with their own tax and/or legal professionals to determine actual tax and benefit consequences and recommended uses, as well as impact on fixed income or other benefits of the recipients.

By signing, I certify the information contained in this application packet is complete and accurate to the best of my knowledge

Signature: _____ Date: _____

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

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

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