



## Spokane Tribe TERO

### Elder Assistance General Welfare Program

The Elder Assistance General Welfare Program is designed to provide health and safety assistance to enrolled Tribal members who have been in their homes for extended periods of time during the “STAY AT HOME ORDER” for health and safety issues due to the effects of the COVID-19 pandemic. Funding of this program is in accordance with the federal CARES Act Relief Fund and is non-taxable as a Tribal general welfare assistance program. Please refer to the Spokane Elder Assistance General Welfare program for details on eligibility and use of this assistance. A copy of this policy is available upon request.

#### **TERO PROGRAM IS LIMITED ON SUPPLIES.**

Application drop off available At TERO Office, Wellpinit, WA.

Email Application to: [Kelly.McCrea@Spokanetribe.com](mailto:Kelly.McCrea@Spokanetribe.com) or

[Geraldine.Abrahamson@Spokanetribe.com](mailto:Geraldine.Abrahamson@Spokanetribe.com) 509-258-7100

Mail Application to: Spokane Tribal TERO Office, P.O. Box 100, Wellpinit, WA 99040.

#### **PART 1 – APPLICANT INFORMATION**

Applicant Name \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Tribal Enrollment No. \_\_\_\_\_ Social Security No. \_\_\_/\_\_\_/\_\_\_

Contact Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_

(if different than mailing)

State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### **PART 2 – ECONOMIC NEED**

The Elder’s Assistance General Welfare program is to help elders remain home safe from the exposure to the COVID-19. Please check the boxes that apply to the needs or assistance you may need in your home.

Generator (in case of power outages)

Radon Supplies

First Aid Kit

Heating source (electric, gas, wood)

Air Conditioner

Smoke/CO2 Detectors



**PART 3 – CERTIFICATION**

I certify that the services I received from the TERO Elder Assistance General Welfare Program shall be used for the economic impacts of COVID-19 and my general welfare needs. I certify I meet the Tribal member Economic need under the Spokane Elder Assistance General Welfare Program requirements, and the information contained herein is true and correct to the best of my/our knowledge. I agree that if I do not use these services in compliance with the Tribe’s COVID-19 Assistance Program, I will repay the funds to the Spokane Tribe.

Applicant Signature\_\_\_\_\_

Date\_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICIAL USE**

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed by\_\_\_\_\_

Date reviewed \_\_\_\_/\_\_\_\_/\_\_\_\_

Verified Eligibility\_ \_\_\_\_\_