



**ELDER COVID-19 EMERGENCY
GENERAL WELFARE ASSISTANCE
QUARTERLY REQUEST FORM**

Dear Spokane Tribal Member,

Enrolled Spokane Tribal Members 55 years and older as stated in the below schedule are eligible to receive \$200.00 each month for October, November and December, 2020 for emergency relief assistance related to COVID-19 after receipt of a valid quarterly application.

ELIGIBILITY DATE	MONTHLY AMOUNT	PAYMENT DATE ON OR NEAR	Enrollment Criteria
October 1, 2020	\$200.00	October 10, 2020	Enrolled Spokane Tribal Member
November 1, 2020	\$200.00	November 10, 2020	Enrolled Spokane Tribal Member
December 1, 2020	\$200.00	December 10, 2020	Enrolled Spokane Tribal Member

All blanks must be filled in completely - incomplete applications will not be processed. Please return immediately to the address listed below for timely processing of your payment.

If you want a direct deposit to your bank (instead of a check), also fill out the enclosed Direct Deposit form.

Name _____ Date of Birth _____ Enrollment # _____
First M Last

Mailing Address _____

City _____ ST _____ Zip Code _____

Phone Number _____

I certify that I have incurred costs for any or all of the following during October to December, 2020, for which this emergency assistance will be used to cover: health and wellness costs; increased costs for isolation or quarantine due to COVID-19; in-home care services; non-covered medical and prescription costs; increased food costs; transportation costs; utility and housing-related costs; other increased costs due to COVID-19.

Signature _____ Date _____

The Elder COVID-19 Emergency General Welfare Assistance form must be returned to receive assistance payment. If you have any questions, please call Anissa Jerred at (509) 458-6525

Anissa Jerred
COVID Finance Case Worker
anissa.jerred@spokanetribe.com

Spokane Tribe
PO Box 100
Wellpinit WA 99040

Completed applications can be sent by email to: caresact@spokanetribe.com or dropped off in the drop off box at McCoy Admin Building, Wellpinit WA.