



ACCT. #1000-1356-5900

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**ELDER GENERAL WELFARE ASSISTANCE**  
**ANNUAL REQUEST FORM**

Dear Spokane Tribal Member,

Enrolled Spokane Tribal Members 65 years and older as stated in the below schedule are eligible to receive \$300.00 to help with unmet needs.

ELIGIBILITY DATE	AMOUNT	PAYMENT DATE ON OR NEAR	Enrollment Criteria
December 1, 2023	\$300.00	December 10, 2023	Enrolled Spokane Tribal Member
March 1, 2024	\$300.00	March 10, 2024	Enrolled Spokane Tribal Member
June 1, 2024	\$300.00	June 10, 2024	Enrolled Spokane Tribal Member
September 1, 2024	\$300.00	September 10, 2024	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.

If you already filled out a direct deposit for the first quarter, it is still valid for subsequent quarters, so please check the box.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Enrollment # \_\_\_\_\_

First M Last

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

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Elder General Welfare Assistance form must be returned no later than September 20, 2024 to receive the quarterly assistance payments.**

If you have any questions, please call Anissa Abrahamson at (509) 458-6525.

Anissa Abrahamson  
CFO Executive Assistant  
[anissa.abrahamson@spokanetribe.com](mailto:anissa.abrahamson@spokanetribe.com)  
Fax (509) 458-6552

Spokane Tribe  
PO Box 100  
Wellpinit WA 99040

Completed applications can be sent by email to: [caresact@spokanetribe.com](mailto:caresact@spokanetribe.com)