ACCT. #1000-1356-5900



Anissa Abrahamson CFO Executive Assistant

anissa.abrahamson@spokanetribe.com

RECEIVED BY:	
DATE:	

ELDER GENERAL WELFARE ANNUAL APPLICATION FOR MONTHLY ASSISTANCE

Dear Spokane Tribal Member,

Enrolled Spokane Tribal Members 60 years and older are eligible to receive \$200.00 each month starting October 2025 through September 2026 to help with unmet needs. 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 <u>direct deposit</u> to your bank (instead of a check), also fill out the enclosed Direct Deposit form.

STARTING	MONTHLY	PAYMENT	Enrollment Criteria
ELIGIBILITY DATE	AMOUNT	DATE ON OR NEAR	
			60 years and older
October 1, 2025	\$200.00	10 th of each month	Enrolled Spokane Tribal Member
ENDING	MONTHLY	PAYMENT	Enrollment Criteria
ELIGIBILITY DATE	AMOUNT	DATE ON OR NEAR	
			60 years and older
September 1, 2026	\$200.00	10 th of each month	Enrolled Spokane Tribal Member

Name			Date of Birth	
First		Last		
Enrollment #				
Mailing Address _				
City		State	Zip Code	
Phone Number ()			
Signature			Date	
The Elder General V the monthly assistan		ce form must be returne	d no later than September 18, 2026 to receiv	e

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.

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

Spokane Tribe

Wellpinit WA 99040

PO Box 100