ACCT. #1000-1356-5900

RECEIVED BY: _____
DATE: _____

ELDER GENERAL WELFARE
ANNUAL APPLICATION FOR MONTHLY ASSISTANCE

Dear Spokane Tribal Member,

Enrolled Spokane Tribal Members 55 years and older are eligible to receive $300.00 each month starting October 2026 through September 2027 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 direct deposit to your bank (instead of a check), also fill out and return the enclosed Direct Deposit form.

STARTING ELIGIBILITY DATE	MONTHLY AMOUNT	PAYMENT DATE ON OR NEAR	Enrollment Criteria
October 1, 2026	$300.00	10th of each month	55 years and older Enrolled Spokane Tribal Member

ENDING ELIGIBILITY DATE	MONTHLY AMOUNT	PAYMENT DATE ON OR NEAR	Enrollment Criteria
September 1, 2027	$300.00	10th of each month	55 years and older Enrolled Spokane Tribal Member

Name _____ **Date of Birth** _____
First M Last

Enrollment # _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number ( ) _____

Signature _____ **Date** _____

The Elder General Welfare Assistance form must be returned no later than September 24, 2027 to receive the monthly assistance payments.

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

Anissa Abrahamson
CFO Executive Assistant
anissa.abrahamson@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.