

**SQUAXIN ISLAND TRIBE**  
**ELIGIBILITY STATUS CHANGE**  
**GENERAL WELL-BEING "OPT-IN" PROGRAM**

Under the General Well-Being program, approved under Chapter 2.70 of the Squaxin Island Tribal Code, Squaxin Island Tribal members may irrevocably disclaim the right to receive per capita payments in order to become eligible for advance reimbursement of qualifying general welfare expenses.

With this certification, I irrevocably opt-in to the Opt-In General Well-Being Program in accordance with Program requirements.

**I certify that I have a change in eligibility and am reporting it within 60 days of event for eligibility.**

**Date for eligibility change:** \_\_\_\_\_

**Eligibility change reason:** \_\_\_\_\_

I certify under penalty of perjury that:

- I will use these funds to pay for Qualifying General Well-Being Expenses within the meaning of the Program, including but not limited to my Housing needs (pay mortgage payment, down payment, and/or rent payments; cover costs of home repairs; enhance the habitability of my house; pay utility bills; and/or pay for property taxes); Educational programs (to pay for transportation, supplies, tutors for me and/or my children; for college tuition payments, room and board, and/or vocational education fees etc.); Elder and/or Disabled needs to cover the costs of basic necessities (home-delivered meals, transportation, home care, medical expenses, improvements to adapt housing for special needs); cultural and/or religious expenses (for cost of admission to tribal ceremonies, pow wows; for transportation; for visiting culturally-significant sites; for funeral and burial expenses; to attend educational, social and/or cultural programs); and medical expenses (in-patient care, out-of-patient care services; transportation costs; medications; meals; mileage).
- I will use the funds provided as advance reimbursement of qualifying general well-being expenses solely for payment of qualifying general well-being expenses;
- If I do not use the funds for payment of qualifying general well-being expenses within the time period established by the Program, I must returned the unused funds to the Tribe.
- I will retain records sufficient to document the payment of such funds for qualifying general well-being expenses and provide such records on request to the Tribe or other appropriate authority.
- I will abide by all requirements of the General Well-Being Opt-In Program adopted by Res. 22-47.

**Attention Tribal Elders:**

- I would like to include my Elders Check from Island Enterprises with this Opt-In Application.

**Name:** \_\_\_\_\_

**Tribal Enrollment Number:** \_\_\_\_\_

**Phone No.:** ( ) \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return completed form to (pick one):  
**Mail:** Squaxin Island Tribe – Finance Department  
ATTN: Jenn Ogno  
10 SE Squaxin Lane  
Shelton, WA 98584

**Email:** jogno@squaxin.us