

TURTLE MOUNTAIN BAND OF CHIPPEWA INDIANS

HIGHWAY #5 WEST
P.O. BOX 900
BELCOURT, ND 58316

(701) 477-2600
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General Welfare Exclusion (GWE) Program Application Medical Assistance Program

This program provides support to tribal members to assist in paying for the cost of transportation, temporary meals, and lodging related medical assistance. This GWE program has been adopted by the tribal council on 07/01/2020. Payments to support these expenses are not taxable to the tribal member per the General Welfare Exclusion Act of 2014. The Turtle Mountain Band of Chippewa Indians aims to ensure our community remains healthy. Therefore, a tribal member with healthcare needs may be entitled up to a maximum of \$500, depending on location of appointment.

You must provide a copy of your medical appointment information to qualify for the GWE Medical Assistance program.

GWE Applicant Information

Full Name: _____ Today's Date: _____
Last First

Address: _____
Address

City State ZIP Code

Enrollment Number: _____ Phone Number: _____

District: _____ Council Rep. _____

Is the applicant a minor? YES NO

If yes, guardian name: _____

Medical Appointment Information

Date of Appointment: _____ Location: _____

Name of Doctor: _____ Phone Number: _____

Is this a reoccurring appointment?

YES

NO

Other notes:

GWE Medical Assistance Payment Information

Who is
authorized to
pick up the
check?

_____ Date Preferred: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I agree that if I do not go to the appointment and return the payment to the tribe that I may not qualify for future GWE Medical assistance.

Signature: _____ Date: _____

For internal purposes:

Signature and date of TMBCI staff member processing application:

Check Number: