TURTLE MOUNTAIN BAND OF CHIPPEWA INDIANS

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

(701) 477-2600
Fax: (701) 477-0679
Website: www.tmbci.org

General Welfare Exclusion (GWE) Program Application

Medical Assistance Program

The Turtle Mountain Band of Chippewa Indians aims to ensure our community remains healthy. The Medical Assistance Program provides support to tribal members to assist in paying for the cost of transportation, temporary meals, and lodging-related medical assistance. A tribal member with healthcare needs may be entitled up to a maximum of $500, depending on the location of the appointment. Payments to support these expenses are not taxable to the tribal member per the General Welfare Exclusion Act of 2014.

You must provide a copy of your medical appointment information to qualify for the GWE Medical Assistance Program. All appointments will be verified internally prior to the release of payment. Any suspected fraudulent activity will be investigated and pending findings, prosecuted per the TMBCI Fraud Reporting Procedure.

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: (Attach Appointment Document with Contact information for Doctor/Clinic)

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 use the payment as intended, I must pay it back to the Tribe. If I do not pay it back to the Tribe, I will not qualify for future GWE Medical assistance. I further understand that is a crime to present false documents to the Turtle Mountain Band of Chippewa Indians in order to obtain a benefit. TMBCI Code §26.118.04. I understand that this application will be verified by TMBCI employees.

Signature: _____ Date: _____

For internal purposes:

Signature and date of TMBCI staff member processing/verifying application:

Check Number: _____