



GRIC PER CAPITA MINOR TRUST SPECIAL PAYMENT REQUEST INSTRUCTIONS

REQUEST:

1. Apply for funds through tribal/state/federal assistance programs first (e.g. Education Assistance Program (EAP) for school clothing at the district center, or Indian Health Service for medical, etc.)
2. If not eligible for assistance, a Special Payment (or early disbursement) from a Minor's trust account is allowed if:
 - a. a health, education, or welfare need arises for your child;
 - b. it is for a use allowed under the Minor's Trust policy; and
 - c. no other tribal, state, or federal agency will pay the expense.
3. Fill out the two minor trust forms - *notary* required on one form. (See Forms below.)
4. Submit **both** forms by end of the month to Providence First Trust Co. *
5. If approved, checks are sent out on the 2nd **Tuesday** of the following month.

** Providence First Trust is the third party trust administrator for the GRIC per capita trust. They handle all questions and payment requests for the trust accounts.
Contact telephone numbers: (800) 350-0208 or (480) 282-8812
Address: 7501 E. McCormick Pkwy. C-101, Scottsdale, AZ 85258*

FORMS:

1. All forms are available on the Community website: mygilariver.com/percapita, the Providence offices in Scottsdale, and the Per Capita Office in Sacaton.
2. **Special Payment Request and Certification of Use & Need Form:**
 - ◆ Use only if requesting a payment from the trust on behalf of your child.
 - ◆ If needed, fill out each section completely (2 pages; no blanks).
3. **Minor Trust Agent Form:**
 - ◆ Purpose of Agent designation: The Minor Trust Agent is the one adult legal guardian who will act on behalf of the Minor child to:
 - a. receive the trust payment (Agent name will go on the check);
 - b. ensure that purchases are made for the Minor; and
 - c. submit the **original** purchase receipts to Providence First Trust within the required timeframe.
 - ◆ Must be sent in with the first Special Payment Request for each minor.
 - ◆ The agent name is required on the Minor Trust Agent form.
 - ◆ Signatures by both parents (or guardians) are requested on the Agent form. (If the 2nd signature is not available, provide a statement explaining the reason on the form. Forms with a blank statement section can be denied.)
 - ◆ The parent/guardian signatures must be notarized (unless verified by GRIC Enrollment staff during the last week of each month).
 - ◆ Legal guardianship documents (if child is under guardianship) must be on file with the GRIC Enrollment Office for payment approval.

NOTE: Make sure your child's address is current at the GRIC Enrollment Office. Semi-annual trust account statements for your child will be sent out in July and January.

**GRIC MINORS PER CAPITA TRUST
SPECIAL PAYMENT REQUEST AND
CERTIFICATION OF USE AND NEED**

PROVIDENCE FIRST
Trust Company

To receive a payment from your child's trust, you affirm the following by signing below:

- (1) **USE:** That you will use this payment solely for the use listed below, and will not directly sell, exchange or give the purchased items or services to others for any purpose.
- (2) **NECESSITY:** That the payment is necessary for your child's health, education or welfare, because there are no other programs or payments available for this request.
- (3) **INFORMATION:** That the information below (with any receipts, bills, or statements) is complete and correct and you consent to Providence First Trust Company (PFTC) sharing this information with the Gila River Indian Community and any information relevant to this Certification being given to PFTC from any tribal, federal, or state government entity.

NAME OF MINOR CHILD: _____ TRIBAL ID # _____

SCHOOL OF MINOR CHILD: _____ SCHOOL PHONE # _____

PARENT/GUARDIAN: _____ TRIBAL ID # _____

ADDRESS OF
PARENT/GUARDIAN: _____

DAYTIME PHONE: _____ BEST TIME TO CALL: _____

PARENT/GUARDIAN SIGNATURE: X _____ DATE: _____

WHEN COMPLETED, MAIL TO THE ADDRESS ON THE BACK OF THIS FORM

CERTIFICATION OF USE

Large payments, such as medical and tuition, will be paid directly to supplier, so you must submit the bill with this application. With other payments to you as parent/guardian, you must submit original receipts after using the payment. A return envelope and instructions for sending in the receipts will be sent with each payment.

Amount

| <u>Requested</u> | <u>Category</u> | <u>Details of Specific Use</u> |
|------------------|---|--------------------------------|
| \$ _____ | Health (medical, dental, etc.) | _____ _____ |
| \$ _____ | Education (computer, tuition, etc.) | _____ _____ |
| \$ _____ | Welfare (clothing, etc.) | _____ _____ |

CERTIFICATION OF NECESSITY

What money do you have to support you and those in your home? (examples: income from job, investments, child support, per capita payments)

Name of employer or source of income

Monthly Amount

Who earns it

Who lives in your home with you and your child? (examples: you, spouse, this child, other children)

Name of person

Relationship to you

Their Age

Tribal ID Number

How much do you spend each month on housing? (examples: rent, mortgage) and on utility bills (examples: electricity, water, phone)

Name of who it is paid to

Monthly Amount

Who pays it

About how much do you spend each month on JUST THIS CHILD for the following expenses? (Some of these may be zero because there is insurance or government assistance to pay them)

Name of who it is paid to

Monthly Amount

Who pays it

Private school tuition:

Medical, dental, or insurance expenses:

Child care costs while you work:

About how much do you estimate you spend each month on food and clothing for EVERYONE in your home?

\$ _____

The Trust Agreement and federal law require that this payment be necessary for your child. Please give a short description of the reasons this payment is necessary for the health, education, or welfare of your child:

**Please submit this completed form to:
Providence First Trust Company
7501 East McCormick Pkwy. C-101
Scottsdale, AZ 85258**

**For questions, call: (480) 282-8812
or 1-800-350-0208**



Gila River Indian Community

Per Capita Minor Trust Agent Form

Contact: Providence First Trust Co.
(480) 282-8812 / (800) 350-0208

MINOR CHILD INFORMATION

Minor's Name _____ Date of Birth _____

GRID No. _____ Social Security No. _____ Power of Attorney is in place. **Expires:** _____

Address _____ The above named minor **IS** a ward of the court.

_____ The above named minor **IS** under guardianship.

_____ **Date of court order:** _____

LEGAL GUARDIAN & MINOR TRUST AGENT

Print name - Parent/Guardian 1 _____ Print name - Parent/Guardian 2 _____

Contact Phone: _____ Contact Phone: _____

PURPOSE OF AGENT DESIGNATION: The Minor Trust Agent is the one legal guardian, designated below, who will act on behalf of the Minor child to: **1)** receive the trust funds; **2)** ensure that purchases are made for the Minor; and **3)** provide the supporting receipts to Providence First Trust within the required timeframe.

Mr. (or) Ms. _____ is elected as the **Per Capita Minor Trust Agent**.
(Adult name required here)

By signing below, I/We agree that the Minor Trust Agent is authorized to access the Minor child's trust account.

Signature - Minor Trust Agent * _____ Date _____ Signature - Parent/Guardian 2 * _____ Date _____
(Sign only in presence of Notary or Enrollment Staff) (Sign only in presence of Notary or Enrollment Staff)

*If the second parent/guardian signature is not available, please provide the reason: _____

FORM MUST BE NOTARIZED (IF MAILED or FAXED)

(Notary is NOT needed if signed at the Enrollment Office)

NOTARY PUBLIC:
State of _____ County of _____ On
this _____ day of _____ 20____, before me
personally appeared, _____ [Agent] whose
identity was proven to me on the basis of satisfactory evidence to be the person
whose name is subscribe to this document, and who acknowledges the s/he signed
this application.
Notary Public: _____
My Commission Expires: _____

NOTARY PUBLIC:
State of _____ County of _____ On
this _____ day of _____ 20____, before me
personally appeared, _____ [Parent/
Guardian 2] whose identity was proven to me on the basis of satisfactory evidence to be the
person whose name is subscribe to this document, and who acknowledges the s/he
signed this application.
Notary Public: _____
My Commission Expires: _____

Place Notary Seal Here

Place Notary Seal Here

ENROLLMENT STAFF VERIFICATION

Pending _____
Enrollment Staff Signature _____ Date _____ Notes: _____

Completed _____
Enrollment Staff Signature _____ Date _____ Notes: _____