

**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**