



GRIC PER CAPITA MINOR TRUST EARLY DISBURSEMENT REQUEST INSTRUCTIONS

~ Revised guidelines effective January 5, 2011 ~

REQUEST:

1. Apply for funds through tribal/state/federal assistance programs first (e.g. Indian Health Service for medical, etc.)
2. If not eligible for other assistance, an Early Disbursement (or Special Payment) from a Minor's trust account is allowed (limited to two requests per year), 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 (*refer to the Minor Trust Guidelines provided by Providence First Trust Co.**); and
 - c. No other tribal, state, or federal agency will pay the expense.
3. Submitted requests will be processed once a quarter. Fill out the two minor trust forms - notary required on one form. (See Forms below.)
4. Submit **both** forms to Providence First Trust by the end of the calendar quarter (March 31, June 30, September 30, or December 31).
5. If approved, checks will be sent out by the 15th of the following month.

* Providence First Trust is the third party trust administrator for the GRIC per capita trust.

GRIC telephone numbers: **(800) 350-0208 or (480) 282-8812**

Address: 8840 East Chaparral Road, Scottsdale, AZ 85250

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 parent or legal guardian responsible for the Minor child (under age 18) who will:
 - a. receive the trust payment (the 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 within 60 days.
 - ◆ The agent name is *required* on the minor trust agent form and must be sent in with the first Special Payment Request for each minor.
 - ◆ Signatures by both parents or legal 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 or legal guardian signatures must be notarized; the date of the signatures and the notary date must match.
 - ◆ If child is under guardianship, the legal guardianship documents must be on file with the GRIC Enrollment Office for payment approval.
 - ◆ This form is not required for adult trust beneficiaries 18-21 years old.

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 January and July.

**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 exclusively for the child and 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, etc.) is complete and correct and that you consent to PFTC sharing this information with the GRIC and PFTC receiving any relevant information from any tribal, federal, or state government entity.

NAME (OF CHILD): _____ TRIBAL ID#: _____
 DATE OF BIRTH: _____ SCHOOL: _____ SCHOOL PHONE # _____
 PARENT/GUARDIAN NAME: _____ TRIBAL ID# _____
 MAILING ADDRESS: _____
 CITY, STATE, ZIP CODE: _____
 DAYTIME PHONE: _____ EMAIL ADDRESS: _____
 SIGNATURE (Parent/Guardian if Minor): X _____ DATE: _____

**MINOR, IF 14 OR OLDER, DO YOU AGREE WITH THIS REQUEST TO WITHDRAW FUNDS FROM YOUR TRUST?
 IF SO, PLEASE SIGN HERE: X _____**

**WHEN COMPLETED, ORIGINAL APPLICATION IS REQUIRED. PLEASE MAIL TO THE ADDRESS ON BOTTOM OF PAGE 2*

CERTIFICATION OF USE

Original receipts must be submitted 60 days after funds are issued so we can confirm the trust funds were spent properly. A return envelope & instructions for sending in receipts will be sent with each payment. Medical and tuition payments will be paid directly to the provider of services, so you MUST submit and invoice with this application or we cannot process your request.

<u>Amount</u>	<u>Category</u>	<u>Description of Items Being Requested</u>
\$ _____	Health	_____
\$ _____	Education	_____
\$ _____	Welfare (clothing)	Yearly clothing limits: Ages 1-6: \$100 Ages 7-13: \$200 Ages 14-21: \$300 Please specify the clothing items needed: _____ _____

CERTIFICATION OF NECESSITY

Questions 1-6 must be answered completely. Do not leave blanks.

1. What money do you have to support you and those in your home?

(Examples: income from job, investments, child support, per capita payments)

<u>Name of employer or source of income</u>	<u>Monthly Amount</u>	<u>Who earns it</u>
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2. Who lives in your home with you and your child?

(Examples: you, spouse, this child, other children)

<u>Name of person</u>	<u>Relationship to you</u>	<u>Their age</u>
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3. How much do you spend each month on housing and utilities?

(Examples: rent, mortgage, electricity, water, phone)

<u>Name of who it is paid to</u>	<u>Monthly Amount</u>	<u>Who pays it</u>
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4. 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)

<u>Name of who it is paid to</u>	<u>Monthly Amount</u>	<u>Who pays it</u>
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Private school tuition:

Medical, dental or insurance expenses:

Child care costs while you work:

5. About how much do you estimate you spend each month on food and clothing for EVERYONE in your home? \$ _____

6. 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 the completed form to:

Providence First Trust
8840 East Chaparral Road
Scottsdale AZ 85250

For questions please call:

480.282.8812 or 800.350.0208



Gila River Indian Community

Per Capita Minor Trust Agent Form

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

MINOR CHILD INFORMATION

Minor's Name _____ Social Security No. _____

GRID No. _____ Date of Birth _____ The above named minor **IS** under guardianship
Date of court order: _____

Mailing Address (must match the address on GRIC Enrollment record) _____ The above named minor **IS** a ward of the court.

(Power of Attorney forms will not be accepted for trust distributions.)

LEGAL GUARDIAN & MINOR TRUST AGENT

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

Contact Phone: _____ Contact Phone: _____

PURPOSE OF AGENT DESIGNATION: The Minor Trust Agent is the one legal guardian, designated here, 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 original 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 - Print)

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 2/Guardian 2 * _____ Date _____
(Sign only in presence of Notary or Enrollment Staff) (Sign only in presence of Notary or Enrollment Staff)

*If the Parent 2/Guardian 2 signature is not available, please provide the reason: _____

THIS FORM MUST BE NOTARIZED

NOTARY PUBLIC: (for Minor Trust Agent)
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 subscribed to this document, and who acknowledges the s/he signed
this application.
Notary Public: _____
My Commission Expires: _____

NOTARY PUBLIC: (for Parent 2 or Guardian 2)
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 subscribed to this document, and who acknowledges the s/he
signed this application.
Notary Public: _____
My Commission Expires: _____

OFFICE USE ONLY - ENROLLMENT STAFF VERIFICATION

Pending _____
Enrollment Staff Signature _____ Date _____ Notes: _____

Completed _____
Enrollment Staff Signature _____ Date _____ Notes: _____