



# General Welfare Spending Account & Custodial Trust Request Application

»» Complete all sections of this application ««

»» Original signatures are required ««

»» Faxed, scanned, photographed, or emailed applications will **not** be accepted ««

**Deadline: July 31, 2026**

Under the Gaming Revenue Allocation Plan (GRAP) and the total Gaming Revenue distribution made to minors, funds may be released to the minor's parent or legal guardian. The burden shall be on the applicant to demonstrate that the expenditure is necessary for education, health, welfare, maintenance or support of the minor beneficiary and that no other funds are available for these purposes, including public assistance and Medicaid. If you have any questions about the intended use of the spending funds or the amount available, please contact the Enrollment Office Tribal Member Benefits Coordinator.

### Minor's Information

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Enrollment Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

### Mother/Guardian Information

### Father/Guardian Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### Amount Requesting

### Office Use Only

\$250.00 General Welfare Spending Account

GW-SP \$ \_\_\_\_\_

Additional General Welfare Spending Account (IF AVAILABLE)  
 Amount: \$ \_\_\_\_\_

CT \$ \_\_\_\_\_

Custodial Trust (IF AVAILABLE)  
 Amount: \$ \_\_\_\_\_

Total Amount Approved \$ \_\_\_\_\_

Vendor # \_\_\_\_\_

The check will be made out to: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_  
FIRST MIDDLE LAST

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Street Address City State ZIP

**THIS SECTION MUST BE COMPLETED** *What is the intended use of the minor's General Welfare Spending Account funds?*

### Enrollment Will Release Funds from a Minor's Account Only If You Provide Documentation Proving You Can Answer "YES" to ONE of the Questions

1. Is the minor child living with both parents in the same household? Both Parents /Guardians Must Sign This Application.....YES NO
2. Are you the mother of the minor, the fathers name is not on the birth certificate, and paternity has NOT been established?.....YES NO
3. Has a Court awarded you legal custody/guardianship of the minor? Court Order Must Be on File with Enrollment or Attached with This Application.....YES NO
4. You are the parent and the court has issued a Child Support Enforcement Order against the other parent?.....YES NO
5. Are you the parent, the minor lives with you, and the other is deceased? Date of Death: \_\_\_\_\_ YES NO
6. Are you the parent, the minor lives with you, and the other parent is incarcerated?.....YES NO

Correctional Facility: \_\_\_\_\_ State: \_\_\_\_\_

7. Are you the parent, the minor lives with you, and the other parent has filed a Permanent Release of Minor Funds with CTUIR Enrollment Office?.....YES NO

8. Do you have Temporary Power of Attorney for child custody? The Document is on File with Enrollment or Attached with This Application.....YES NO

**If the Minor's Parents Live Separately and Enrollment Does Not Have Documentation on File Establishing Authority to Request Funds on Behalf of the Minor, The Non-Applying Parent is Required to Complete the Notarized Consent Section on the Back of This Application.**

**CONSENT OF NON-APPLYING PARENT OR LEGAL GUARDIAN (if required) SIGNATURE IN FRONT OF NOTARY**

Complete this section only if the minor's parents live separately and Enrollment does not have documentation on file establishing who has authority to request funds on behalf of the minor.

**Non-Applying Parent Information**

MINOR'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

I am the non-applying parent of the above-named minor and consent to the release of approved minor funds to:

\_\_\_\_\_  
FIRST (Name of the Applying Parent or Legal Guardian) MIDDLE LAST

\_\_\_\_\_  
Signature of Non-Applying Parent or Legal Guardian

\_\_\_\_\_  
Date

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**NOTARY ACKNOWLEDGMENT**  
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State of \_\_\_\_\_ County of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 2026, before

me, personally appeared \_\_\_\_\_, who provided identification and acknowledged signing this document.  
Non-Applying Parent

(SEAL)

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_  
Date

For information regarding a **Permanent Release of Minor Funds**, please contact the Enrollment Office.

**Signature Required of Person(s) Applying to Draw Funds**

I/We certify the information contained in this application is correct and complete to the best of my/our knowledge. I/We understand that failure to provide correct information may result in a temporary or permanent delay or denial of funds from the General Welfare Spending account. I/We understand that the funds will be used ONLY for the HEALTH, EDUCATION, and WELFARE of the minor. I/WE understand that completion of this form does not guarantee disbursement of funds.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**EMANCIPATED MINOR**

Proof of emancipation must be attached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The completed application  
must be received by the  
Enrollment Office no later  
than July 31, 2026.**