



**Confederated Tribes of the
Umatilla Indian Reservation**
ATTN: Enrollment Office
46411 Timine Way
Pendleton, OR 97801

**Application
due by
FRIDAY
1-31-2025**

CUSTODIAL TRUST AND GENERAL WELFARE SPENDING ACCOUNT APPLICATION

Under the Gaming Revenue Allocation Plan (GRAP), of 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 the 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 via e-mail at CindyFreston@ctuir.org or call (541) 429-7143.

ALL INFORMATION MUST BE COMPLETE ON THE APPLICATION.

NO FAXED or E-MAILED COPIES OF THIS APPLICATION WILL BE ACCEPTED.

Minor's Name: _____ Minor's Enrollment No. _____
 Minor's Address: _____
 City _____ State _____ Zip _____
 Minor's SSN _____ Minor's Date of Birth: _____
 Mother's Name: _____ Father's Name: _____
 Phone # _____ Phone # _____
 Address: _____ Address: _____
 City: _____ ST _____ Zip _____ City _____ ST _____ Zip _____
 E-mail _____ E-mail _____

<p>AMOUNT REQUESTING</p> <p><input type="checkbox"/> \$250.00 From General Welfare Spending Account</p> <p><input type="checkbox"/> \$ _____ Additional from General Welfare Spending Account (If Available)</p> <p><input type="checkbox"/> \$ _____ Amount from Custodial Trust Account (If available)</p>	<p>OFFICE USE ONLY-Do not write in this box.</p> <p>Vendor # _____ \$ _____ GWsp</p> <p>Amount Approved: \$ _____ CT</p> <p>\$ _____ Total</p>
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THE CHECK WILL BE MADE OUT TO: Name _____ Relationship to Minor: _____
 Address: _____ Telephone # _____
 City _____ State _____ Zip _____

What is the intended use of the minors General Welfare Spending account funds?
***THIS SECTION MUST BE COMPLETED**

WE WILL RELEASE THE MINOR'S DIVIDENDS TO YOU ONLY IF THE MINOR IS NOT EMANCIPATED AND YOU CAN **PROVE** ONE OF THE FOLLOWING:

1. Is minor child living with both parents in the same household? (Both parents must sign application)	Yes No
2. Are you the mother of the minor, the father's 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 in Enrollment Office)	Yes No
4. You are the parent, and the court has issued a support enforcement order against the other parent? The child support enforcement order dated _____ and issued from _____ is still valid and in effect for this minor Tribal Member (Court order must be on file in Enrollment Office)	Yes No
5. Are you the parent, the minor lives with you, and the other parent is deceased? (Date of death _____)	Yes No
6. Are you the parent, the minor lives with you, and the other parent is incarcerated? Proof must be provided of the Correctional Facility and State where the other parent is incarcerated: _____	Yes No
7. Are you the parent, the minor lives with you, and the other parent has filed a Permanent Release of Minor funds with the CTUIR Enrollment Office?	Yes No
8. A Temporary Power of Attorney for child custody is on file with the Enrollment Office Valid from _____ to _____.	Yes No

IF YOU CAN NOT PROVE ONE OF THE EIGHT (8) QUESTIONS ON THE REVERSE SIDE, YOU MUST CHOOSE ONE OF THE FOLLOWING OPTIONS IN ORDER TO DRAW MONIES FROM THE MINOR'S ACCOUNT:

1. Provide us with the signed and notarized consent of the other parent, or both parents if you are not the parent. (Use the space provided below.) If a parent is interested in signing a Permanent Release of Minor Dividends, please contact the Enrollment Office Tribal Member Benefits Coordinator via e-mail CindyFreston@ctuir.org or call (541) 429-7143.
2. Provide us with a copy of a court decree appointing you legal guardian or awarding you custody. You may obtain such a decree by petitioning the Tribal court or a state court.

I, _____ the father of _____ consent to the release of my child's current years gaming dividends to:

Mother/Guardian Name: _____

Signature of Father Date: _____

On _____, 20_____, _____)ss. in my presence, stated that he is the father of the above referenced minor and voluntarily signed his consent.

Notary Public for State of _____ County of _____

My commission expires _____

I, _____ the mother of _____, consent to the release of my child's current years gaming dividends to:

Fathers/Guardian Name: _____

Signature of Mother Date: _____

On _____, 20_____, _____)ss. in my presence, stated that she is the mother of the above referenced minor and voluntarily signed her consent.

Notary Public for State of _____ County of _____

My commission expires _____

Signature required of person(s) applying to draw funds:

I/we certify that 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 Custodial Account. I/we understand that this information will be used by the Tribal government and will be kept strictly confidential. I/we agree 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.

Parents/Legal Guardian Signature: _____ Date: _____

Parents/Legal Guardian Signature: _____ Date: _____

OR Emancipated Minor Signature: _____ Date: _____

Proof of Emancipation must be submitted if only the minor signs this application

THE COMPLETED APPLICATION IS TO BE RETURNED TO THE ENROLLMENT OFFICE NO LATER THAN 4:00 PM ON FRIDAY JANUARY 31, 2025.