



ENROLLMENT OFFICE  
CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION

Address: 46411 Timine Way  
Pendleton, Oregon 97801

Phone: (541) 429-7035  
Email: Enrollment@ctuir.org

Application Due  
January 31, 2026

## CUSTODIAL TRUST & GENERAL WELFARE SPENDING ACCOUNT APPLICATION

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 via e-mail at [Enrollment@ctuir.org](mailto:Enrollment@ctuir.org) or call (541) 429-7035.

**ALL INFORMATION MUST BE COMPLETE ON THE APPLICATION**

**NO FAXED or EMAILED COPIES OF THIS APPLICATION WILL BE ACCEPTED**

Minor's Name: \_\_\_\_\_ Minor's Enrollment No.: \_\_\_\_\_

Minor's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Minor's Date of Birth: \_\_\_\_\_ Minor's Social Security No.: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

### AMOUNT REQUESTING

<input type="checkbox"/>	\$250.00.....From General Welfare Spending Account
<input type="checkbox"/>	\$ _____ Additional from General Welfare Spending Account (IF AVAILABLE)
<input type="checkbox"/>	\$ _____ Amount from Custodial Trust Account (IF AVAILABLE)

### OFFICE USE ONLY

(do not write in this box)

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

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

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

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

AMOUNT APPROVED:

THE CHECK WILL BE MADE OUT TO: \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

Relationship to Minor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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 the Minor's Dividends to You Only If the Minor Is Not Emancipated **AND**  
**YOU CAN PROVE One of the Following**

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 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.....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 parent 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  
PROOF MUST BE PROVIDED OF THE CORRECTIONAL FACILITY AND STATE WHERE THE OTHER PARENT IS: \_\_\_\_\_
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?.....YES NO

VALID FROM: \_\_\_\_\_ TO: \_\_\_\_\_



IF you CANNOT 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 the Enrollment Office with the signed notarized consent of the other parent or both parents if you are not the parent (USE THE SPACE PROVIDED BELOW). OR if a parent is interested in signing a Permanent Release of Minor Dividends, please contact the Enrollment Office and the Tribal Member Benefits Coordinator will provide the application.

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2. Provide Enrollment with a copy of a Court Decree appointing you as Legal Guardian or Awarding Custody to you. You may obtain such Decree by petitioning the CTUIR Tribal Court or State Court.

I, \_\_\_\_\_ the father of \_\_\_\_\_ consent to the release of my child's current year, 2026, General Welfare payments to:

Mother/Guardian Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Father Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY \_\_\_\_\_) ss

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, in my presence, who stated that he is the father of the above-referenced minor and voluntarily signed this consent.

\_\_\_\_\_  
Notary Public for State of \_\_\_\_\_

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

I, \_\_\_\_\_ the mother of \_\_\_\_\_ consent to the release of my child's current year, 2026, General Welfare payments to:

Father/Guardian Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY \_\_\_\_\_) ss

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, in my presence, who stated that she is the mother of the above-referenced minor and voluntarily signed this consent.

\_\_\_\_\_  
Notary Public for State of \_\_\_\_\_

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

**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: \_\_\_\_\_

OR EMANCIPATED MINOR SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**PROOF OF EMANCIPATION MUST BE SUBMITTED/ATTACHED IF ONLY THE MINOR SIGNS THIS APPLICATION**

The completed application is to be returned to the Enrollment Office by January 31, 2026

Thank you