



**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
April 30, 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 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		OFFICE USE ONLY (do not write in this box)		Vendor# _____
<input type="checkbox"/>	\$250.00.....From General Welfare Spending Account	\$ _____	GW-SP	AMOUNT APPROVED:
<input type="checkbox"/>	\$ _____ Additional from General Welfare Spending Account (IF AVAILABLE)	\$ _____	CT	
<input type="checkbox"/>	\$ _____ Amount from Custodial Trust Account (IF AVAILABLE)	\$ _____	Total Amount	

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 funds from a minor's account only if you provide documentation...PROVING you can answer "YES" to one of the questions below. AND/OR if the minor is not emancipated.

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 answer "YES" to one of the eight (8) questions on the front page, you must select one of the options below to request a withdrawal from the minor's account:

1. IF the minor's parents LIVE SEPARATELY, the parent who is NOT APPLYING must complete and sign the NOTARIZED section below before funds can be released.

-IF a parent wishes to complete a PERMANENT RELEASE OF MINOR GENERAL WELFARE SPENDING FUNDS, please contact the office (541) 429-7035 or Email: Enrollment@ctuir.org

2. Provide Enrollment with a copy of a Court Decree appointing you as Legal Guardian, Awarding Custody to you, or a current Domestic Violence No-Contact Order. 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 April 30, 2026

Thank you!