



SUSANVILLE INDIAN RANCHERIA

TRIBAL MEMBER ASSISTANCE ORDINANCE ORDINANCE NO. 2019-006

Section 1. Policy.

This Ordinance is adopted by the Tribal Business Council, pursuant to its authority granted under the Tribe's Constitution, for the purpose of addressing tribal member assistance requests submitted to the Susanville Indian Rancheria (SIR). The SIR shall reserve funds on an annual basis for the purpose of providing assistance to tribal members on a discretionary basis. **Requests for a tribal member assistance to recoup money for past events, etc., will not be considered.** The Tribal Member Assistance Request Form must be turned in to the Tribal Office **as soon as possible PRIOR to the date of need.** SIR apologizes for any inconvenience this may cause, but due to the time it takes for approval by the Assistance Committee, lead-time is important. If your tribal member assistance request does not follow policy requirements, your request will not be considered and is not eligible to be appealed. Please do not assume that if your request was funded in the previous year that it will be funded again in the current year.

All tribal member assistance requests **MUST** be reviewed by the Assistance Committee, regardless if the request falls within the guidelines of this ordinance. The Tribal Business Council **WILL NOT** review or approve a tribal member assistance request that has been denied by the Assistance Committee.

Section 2. Purpose.

The Susanville Indian Rancheria recognizes that there are occasions when a member or member family may be at a point in their lives where they need assistance. These reserve funds will provide direct benefits to those SIR members who present requests for assistance in meeting with dental, medical, or optical needs. Because funding is limited, attempts should be made to seek alternate resources. *The tribal member assistance request can only be used for one item (i.e.; Dental Need, Medical Need or Optical Need).* If a tribal member assistance request has multiple items requested, the individual submitting the request will be contacted for clarification on which single item they wish to apply for.

Section 3. Scope.

This ordinance will apply to all individuals seeking funds from the SIR.

Section 4. Definitions.

For the purposes of this Ordinance, the following definitions shall apply:

- 4.1 **Appeal.** All decisions of the Assistance Committee are final and cannot be appealed.
- 4.2 **Individual.** An enrolled member of the Susanville Indian Rancheria.
- 4.3 **Immediate Family.** The children, spouse, sibling, parents, grandparents, grandchildren or significant other of an enrolled tribal member.
- 4.4 **Assistance Committee.** A group of individuals established by the Tribal Business Council to review all tribal member assistance requests. This group will consist of at least three of the following: Tribal Business Council member(s) (at least one is mandatory), the Tribal Administrator, the Health Clinic Chief Operating Officer, or the Chief Financial Officer.
- 4.5 **Dental Need.** Any dental need that affects the health and well-being of an enrolled tribal member in the course of treatment for serious conditions.
- 4.6 **Medical Need.** Any medical need that affects the health and well-being of an enrolled tribal member in the course of treatment for serious to life-threatening conditions (Purchase and Referred Care –PRC- Levels I, II, and III).
- 4.7 **Medical Safety Need.** Any medically related safety need that affects the health and safety of an enrolled tribal member.
- 4.8 **Optical Need.** Any optical need that affects the health and well-being of an enrolled tribal member.

Section 5. Procedures.

- 5.1 Any individual that meets the definition above may submit a request by completing the Tribal Member Assistance Request Form available at the SIR Tribal Office or on the tribe's website (www.sir-nsn.gov). **Tribal member assistance funds cannot be used to pay for deposits or any personal debt.**
- 5.2 Tribal member assistance requests will be considered for the following purposes:
 - a) Dental need (i.e.; expenses related to a dental need as defined in Section 4.5). These expenses may include, but not be limited to,

fillings, crowns, root canals, extractions, bridges, or dentures. These funds cannot be used if the need is being paid for by insurance, or direct service. A copy of your Explanation of Benefits (EOB) from the insurance company or a statement that you do not have dental insurance must be submitted with the tribal member assistance request. **COSMETIC OR ELECTIVE ITEMS ARE NOT AN ALLOWABLE COST.**

- b) Medical Need (i.e.; expenses related to a medical need as defined in Section 4.6). These expenses may include, but not be limited to; travel assistance for a medical appointment referral by their primary or secondary provider, unmet medical costs that are not covered by PRC or insurance or co-pay assistance for prescriptions filled at the LIHC pharmacy. These funds cannot be used if the need is being paid for by PRC, insurance or direct service. A denial letter from the PRC Department, a copy of your Explanation of Benefits (EOB), or a statement that you do not have medical insurance must be submitted with the tribal member assistance request. **COSMETIC OR ELECTIVE ITEMS ARE NOT AN ALLOWABLE COST.**
- c) Medical Safety Need (i.e.; expenses related to a safety need as defined in Section 4.7). These expenses may include, but not be limited to, safety related medical equipment such as oxygen equipment, CPAP machines, medical beds, motorized or non-motorized wheelchairs, etc. These funds cannot be used if the need is being paid for by PRC, insurance, or direct service. A denial letter from the PRC Department, a copy of your Explanation of Benefits (EOB), or a statement that you do not have medical insurance must be submitted with the tribal member assistance request. **COSMETIC OR ELECTIVE ITEMS ARE NOT AN ALLOWABLE COST.**
- d) Optical Need (i.e.; expenses related to an optical need as identified in Section 4.8. These expenses may include contacts or eyeglasses (the tribe will only pay for one or the other, not both). Eye exams are not an allowable cost under this program. These funds cannot be used if the need is being paid for by PRC, insurance, or direct service. A denial letter from the PRC Department, a copy of your Explanation of Benefits (EOB), or a statement that you do not have medical insurance must be submitted with the tribal member assistance request. **COSMETIC OR ELECTIVE ITEMS ARE NOT AN ALLOWABLE COST.**

5.3 If an individual has any delinquent account with the SIR, he or she will not be eligible for tribal member assistance. In the case of a tribal member assistance request on behalf of a minor, the household

requesting the tribal member assistance must not have any delinquent account with the SIR in order to be eligible for assistance.

- 5.4 **The SIR will not consider tribal member assistance requests to pay personal debts** (i.e.; house payments, rent, deposits, water bills, sewer bills, food, clothing, utility bills, telephone bills, cell phone bills, vehicle repairs or replacements, home repairs or replacement, cable TV bills, dental bills, court fines, child support, other forms of court-ordered restitution, fees associated with filing court paperwork, credit card payments, car repairs, car payments, or other auto related costs, loan payments, etc.). If this type of tribal member assistance request has been submitted, the Tribal Office will refer the requester to the California Tribal TANF Program (CTTP) at (530) 252-4112; the California Indian Manpower Consortium (CIMC) at (916) 564-4053; or Crossroads Ministries at (530) 251-0701 or encourage out of Lassen County tribal members to seek help through their local resources.
- 5.5 **THIS IS NOT A REIMBURSEMENT PROGRAM.** SIR will not reimburse monies paid prior to the tribal member's request.
- 5.6 All tribal member assistance recipients must submit receipts and/or documentation that the money was used for the intended purpose within thirty (30) days of receiving the funds. All receipts must be turned into the Susanville Indian Rancheria Tribal Office. Failure to use tribal member assistance for the purpose represented to the Assistance Committee will result in one or more of the following consequences:
- You will be considered a member “**NOT** in good standing” as you will have an outstanding debt to the tribe and will not be eligible for the Annual Distribution (for requests made on behalf of a minor, the person submitting the request will be considered a member “**NOT** in good standing” and the minor child will be eligible to receive their Annual Distribution).
 - As a member “**NOT** in good standing”, you will not be eligible to utilize the Sponsorship, Donation or Member Assistance programs until such time as the debt owed to the tribe is paid in full.
- 5.7 In January of the following year, a 1099 will be mailed to the recipient of the tribal member assistance, provided it meets the threshold amount established by the Internal Revenue Service.

Section 6. Monetary Limits.

Individuals are eligible to apply for tribal member assistance of up to \$500 per household per calendar year. Individuals may apply for more than one tribal member assistance request per calendar year as long as the total amount requested for that year does not exceed \$500 for the household.

Section 7. Application Process.

- 7.1 Each individual requesting tribal member assistance from the SIR must complete the Tribal Member Assistance Request Form, which is available at the SIR Tribal Office or on the tribe's website (www.sir-nsn.gov) and return it to the SIR Tribal Office for processing.
- 7.2 The SIR Tribal Office staff will review the tribal member assistance request for completeness. All areas must be completely filled out. If the request is incomplete, the request will be returned to the requester to complete the required information. If the request is complete, it will be forwarded to the Assistance Committee for approval/disapproval.
- 7.3 The Assistance Committee will approve or disapprove all tribal member assistance requests based on the policies of this ordinance. The approval of a tribal member assistance request is subject to available funding, i.e.; **once the funding set aside for the year has been expended, no further tribal member assistance requests will be approved by the Assistance Committee.**
- 7.4 Tribal member assistance requests will only be approved for the amount authorized per household.
- 7.5 If the request is denied by the Assistance Committee the requester will be notified in writing by the Tribal Office staff.
- 7.6 All approved tribal member assistance requests will be sent by the Tribal Office staff to the Fiscal Department for processing. Payments will be processed on Wednesdays of each week (excluding holidays) and the Fiscal Department will return the check to the Tribal Office who will notify the requester when their payment is ready to be picked up. Emergency assistance requests will be processed as quickly as possible.

Section 8. Effective Date.

This Ordinance shall be effective from the date of its approval by the Tribal Business Council.

CERTIFICATION

We hereby certify that the Susanville Indian Rancheria Tribal Member Assistance Ordinance was adopted by the Susanville Indian Rancheria Tribal Business Council at a duly called meeting held June 18, 2019 with a vote of 6 Yes, 1 No, 0 Abstained.

ATTEST;



Christi Choo
Secretary/Treasurer



Deana M. Bovée
Tribal Chairwoman



TRIBAL MEMBER ASSISTANCE REQUEST FORM

Name of Tribal Member / Enrollment#:

Amount Requested:

_____ / _____

\$ _____

If request is for a minor tribal member, Name of Parent Responsible / Enrollment #:

_____ / _____

Purpose:

- Dental Need
- Medical Need
- Medical Safety Need
- Optical Need

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

If approved, make check(s) payable to: _____

Mailing Address: _____

By my signature below, I agree to keep and turn in all receipts to the Tribal Office within thirty (30) days of receiving the funds for which the intended purpose of the approved tribal member assistance funds are used in order to show how the funds were spent. I agree to return any unspent funds to the Tribal Office for receipt. Failure to turn in receipts and/or returning monies not spent will result in the denial of my Annual Distribution check until the debt has been collected in full. I also acknowledge that my failure to turn in receipts to the Tribal Office will make me ineligible to utilize the sponsorship, tribal member assistance, or donation fund programs until such time as the debt is paid in full.

Signature of Applicant: _____ Date: _____

For Assistance Committee Use Only

Verified Enrollment (Initial): _____ Date Reviewed: _____ Approved: Denied:

Reviewed by: _____

Committee Comments:

For Fiscal Use Only

Outstanding Debt: YES NO _____ (Initial by Fiscal Department)

Account Code #: 12-890-6112-6950

Travel Calculations: \$ _____ Per Diem (_____ days @ \$ _____)

Processed By: _____

\$ _____ Mileage (_____ miles @ \$ _____)

\$ _____ Lodging (_____ days @ \$ _____)

Date Check Issued: _____

\$ _____ Other _____

\$ _____ Total Travel

Verified By: _____

Date: _____

Chief Financial Officer/Fiscal Dept. Supervisor

