



# SUSANVILLE INDIAN RANCHERIA

## TRIBAL MEMBER ASSISTANCE ORDINANCE

### ORDINANCE NO. 2006-007

#### Amendment 2

#### **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, within the General Fund, on an annual basis for the purpose of providing assistance to tribal members for health and safety matters that may otherwise go as an unmet need. The Tribal Member Assistance Form must be turned into the Tribal Office for review and approval by the Donation Committee. The normal processing time for these requests will be five (5) working days. 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 Donation Committee. If a request is denied by the Donation Committee, the requestor shall have the right to appeal the decision to the Tribal Business Council by submitting a written request to be heard at the next regularly scheduled Tribal Business Council meeting. Due to the potential urgent nature of the request, the Meeting Agenda Policy requirement of submitting a written request to be on the Tribal Business Council agenda at least three (3) working days prior to the meeting date is hereby waived. The Tribal Business Council WILL NOT review or approve a tribal member assistance request unless it has been previously reviewed by the Donation 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 health and/or safety needs that may otherwise go unmet.

#### **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 **Donation Committee.** A group of individuals established by the Tribal Business Council to review tribal member assistance or donation requests. This group will consist of at least three of the following: one of the Tribal Business Council members (must be on the review committee), the Tribal Administrator, the Health Clinic Director, the Tribal Office Manager, or the Fiscal Controller.
- 4.2 **Health Need.** Any health need that affects the health and well-being of a tribal member in the course of treatment for life-threatening to serious conditions (CHS Levels I, II, and III).
- 4.3 **Immediate Family.** The parent, spouse, child or sibling of an enrolled tribal member.
- 4.4 **Individual.** An enrolled member of the Susanville Indian Rancheria maintaining residence in Lassen County.
- 4.5 **Safety Need.** Any safety need that affects the safety and well-being of a tribal member in the course of treatment for life-threatening to serious medical conditions.

## **Section 5. Procedures.**

- 5.1 Any individual that meets the definition above may submit a tribal member assistance request by completing the required form (Tribal Member Assistance Request Form) Exhibit A. Copies of the Tribal Member Assistance Request Forms are available in the SIR tribal office. If the nature of the health or safety need prevents the tribal member from applying, an immediate family member may apply for this assistance on behalf of the tribal member.
- 5.2 Tribal member assistance requests will be considered for the following purposes:
  - a) Health need (i.e.; expenses related to a health need as defined above that the tribal member is currently unable to pay for). The Tribal Member Assistance Fund cannot be used if the need is being paid for by CHS. These expenses may include, but not be limited to, travel assistance for a LIHC referred medical / dental appointment, co-pay assistance for prescriptions filled at the LIHC pharmacy or household repairs that directly affect the health and well-being of the tribal member).
  - b) Safety need (i.e.; expenses related to a safety need as defined above). These expenses may include, but not be limited to, safety equipment, automotive related costs associated with a LIHC referred medical / dental appointment.
- 5.3 If an individual has any delinquent accounts with the SIR, he or she will not be eligible for tribal member assistance funds.

- 5.4 All tribal member assistance recipients must submit receipts and/or documentation that the money was used for the intended purpose. Failure to use the funds for the purpose represented to the Tribal Business Council/Donation Committee will result in one or more of the following consequences:
- Denial of future Tribal Member Assistance/Donation requests for a period of two years.
  - Required repayment of the Tribal Member Assistance funds from any tribal disbursements.
  - Possible criminal prosecution for the offense of fraud or theft (a crime that includes the act of obtaining money by material misrepresentation).
- 5.5 In January of the following year, a 1099 will be mailed to the recipient of Tribal Member Assistance funds, provided it meets the threshold amount established by the Internal Revenue Service.

**Section 6. Monetary Limits.**

Individuals are eligible to apply for up to \$300 per calendar year. Individuals within a household may also apply for Tribal Member Assistance funds provided that the total request for that household does not exceed \$300. Individuals may apply for more than one assistance request per year as long as the total amount requested for that year does not exceed \$300 for the individual or their immediate household. Reimbursement rates for mileage/lodging/meals will be at the tribe's CHS rates in effect at the time the assistance request is submitted.

**Section 7. Application Process.**

- 7.1 Individuals requesting tribal member assistance from the SIR must complete the required application form (Tribal Member Assistance Request Form, Exhibit A) and return it to the SIR tribal office for processing. The address on the form must be a physical address and not a P.O. Box number. Copies of the Tribal Member Assistance Request Form are available in the SIR tribal office.
- 7.2 The SIR tribal office will review the tribal member assistance request for completeness. 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 Donation Committee for approval/disapproval. All tribal member assistance requests must include the following:
- a) Name, address and telephone number of the individual and the contact person.
  - b) Description of the request and a specific amount.
  - c) Other resources contacted and amounts received, if any.
  - d) Any other relevant information.

- 7.3 The Donation 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 donation requests will be approved by the Donation Committee.
- 7.4 Tribal member assistance requests that exceed the monetary limits, or Section 5.2 of this ordinance, can be placed on the Tribal Business Council meeting agenda for approval/disapproval by the individual requesting the assistance. The individual requesting the assistance must be present at the Tribal Business Council meeting in order to make the presentation and answer any questions relating to the assistance request.
- 7.5 Once a decision has been made on the assistance request, the requester will be notified by the Tribal Office that their request has been approved or disapproved.
- 7.6 All approved tribal member assistance requests will be sent to the Fiscal Department for processing by the Donation Committee. Payments will be processed on Wednesdays and Fridays of each week (excluding holidays) and the Fiscal Department will notify the requester when their payment is ready to be picked up.

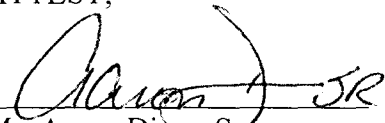
**Section 8. Effective Date.**

This Ordinance shall be effective from the date of its approval by the Tribal 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 17, 2009 with a vote of 7 for, 0 against, 0 abstain.

ATTEST;

  
Mr. Aaron Dixon Sr.  
Secretary/Treasurer

  
Mr. Stacy Dixon  
Tribal Chairman



### Tribal Member Assistance Request Form

Name of Individual: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

\$ \_\_\_\_\_

**Person Applying:**

Individual

Immediate Family Member

**Purpose:**

Health Need

Safety Need

Tribal Member Name: \_\_\_\_\_

Enrollment #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If approved, make check(s) payable to: \_\_\_\_\_

\_\_\_\_\_

By my signature below, I agree to turn in receipts no later than two weeks after the date for which the intended purpose of the approved donation funds are used in order to show how the funds were spent. Failure to do so will result in a deduction from a future disbursement of tribal funds for any money that is owed to the tribe from this donation request. I also acknowledge that my failure to turn in receipts will make me ineligible to utilize the donation fund program for a period of two years.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Donation Committee Use Only**

Verified Enrollment (Initial): \_\_\_\_\_ Approved:  Denied:

Reviewed by: \_\_\_\_\_

Committee Comments:

**For Fiscal Use Only**

Outstanding Debt:  YES  NO

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

\$ \_\_\_\_\_ Mileage ( \_\_\_\_\_ miles @ \$ \_\_\_\_\_ )

Processed By: \_\_\_\_\_

\$ \_\_\_\_\_ Lodging ( \_\_\_\_\_ days @ \$ \_\_\_\_\_ )

Date Check Issued: \_\_\_\_\_

\$ \_\_\_\_\_ Other \_\_\_\_\_

\$ \_\_\_\_\_ Total Travel

Verified By: \_\_\_\_\_

Date: \_\_\_\_\_

Fiscal Controller/Fiscal Dept. Supervisor

**SIR Letter of Intent Narrative:**

Please complete all questions and attach any flyers or supporting documentation to confirm/verify your request.

- 1.) **Introduction** (Explanation of the health/safety need that you are requesting funds for and an explanation of the amount being requested) :
  
- 2.) **Statement of Need** (Explain in detail your specific need) :
  
- 3.) **Funding Sources** (Describe what funding sources you have already received or expect to receive) :
  
- 4.) **Other** (If there is anything else you would like to add to your request, please make your comments here) :