

**COLORADO RIVER INDIAN TRIBES  
GENERAL WELFARE ASSISTANCE POLICY  
2024 Minor Application**

Name of Minor Tribal Member: \_\_\_\_\_

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

Phone (or best contact number): \_\_\_\_\_ Enrollment number: \_\_\_\_\_

Email \_\_\_\_\_

Please check the boxes below indicating the Eligible Expenses for which the Minor is eligible (Please check all that apply):

	Housing Assistance
	Health Care Assistance
	Food and Clothing Assistance
	Transportation/Vehicle
	Education Supplies & Fees
	Traditional Culture

Please check how you wish to receive the payment: Direct Deposit \_\_\_\_\_ Check \_\_\_\_\_

Please certify that you have an income-based need for the assistance: Yes \_\_\_\_\_ No \_\_\_\_\_

The Colorado River Indian Tribes Tribal Council wishes to ensure that no tribal member in the community will be without basic fundamental necessities of life. The General Welfare Policy (“Policy”) will not completely fund all Tribal Members’ financial and other needs, but is designed to lessen the burden of living expenses in everyday lives. It is the intent of the Tribal Council that Assistance payments under the Policy will not be subject to state or federal taxation, and will not reduce fixed income or other benefits of the recipients.

I certify I am the primary custodian or legal guardian of the Minor listed above. If I am not a parent listed on the birth certificate, I certify that there is a court order that gives me the power to make these allocations and decisions. A copy of the birth certificate or court order, whichever is applicable, is attached. I have also attached a copy of my photo identification.

I certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that by signing this application, if I knowingly give false information which results in payment to which I am not entitled, the Tribe may treat the payment as taxable and issue a Form 1099-MISC.

Signature of custodian or legal guardian : \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

CRIT Enrollment Verification: Tribal ID # \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_