

Tribal Elder Program

Mission Statement:

➤ *To assist our Tribal Elders in maintaining an independent, productive and healthy lifestyle; and to raise the quality of life for our Tribal Elders through care and respect by fostering an environment of quality, dignity and respect through the Tribal Elderly services provided.*

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Form to be Completed and Returned to Tribal Office:

- Application for the Tribal Elder Program

SECTION 1. PROGRAM OVERVIEW

Middletown Rancheria of Pomo Indians of California (“the Tribe”) considers its Tribal Elders as a “living treasure” and intends to provide the service and care for them with emphasis on health and well-being of its Tribal Elders. These services are focused on ensuring the longevity and vitality of all aspects of our Tribal Elders’ lives for their continued secure and comfortable living and to ease the burden of those Tribal Elders who usually live on fixed income with higher costs of continued needs for our Tribal Elders as they age. We strive to ensure our Tribal Elders are treated with great respect and assisted to maintain an independent, healthy, productive and quality lifestyle through the care and services that are provided by the Tribe.

We recognize the limited amount of resources provided by the Federal Government to ensure adequate health care needs, including nutritional foods, additional medications and prescriptions, and continuous reductions in adequate pension benefits to our People.

Our Tribal Government recognizes the dire need to take care of the issues our Tribal Elders undergo when aging to meet these deficiencies in benefits and provide programs to ensure our People are taken care of to live comfortably and ensure a level of security, quality of life and respect for their livelihood. Many of the programs and services the Tribe provides are focused on ensuring the longevity and vitality of all aspects of our Tribal Elders’ lives.

This Program is independent of any other Tribal Program that may be offered by the Tribe, including the Tribal Disability Program.

SECTION 2. DEFINITIONS

Tribal Elder: For purposes of this Tribal Program, "Tribal Elder" means the age of 60 years or older.

Unearned Income: For the purpose of this Program, any Tribal Distributions or Per Capita payments are considered unearned income, and have no bearing on determination of eligibility for this Tribal Elder Program.

SECTION 3. ELIGIBILITY

- 1) Must be a recognized Tribal Member of Middletown Rancheria of Pomo Indians of California, and
- 2) Be of the Age of 60 years or older, and
- 3) When eligible, must apply for any additional benefits with the Social Security Administration of the Federal Government of the United States.

SECTION 4. SERVICES AVAILABLE

Monthly Stipend: Each eligible Tribal Elder may receive a monthly stipend up to \$800.00. The purpose of this monthly stipend is to assist the elderly Tribal Member with meeting their increased living expenses such as nutritional foods, senior nutrition programs, over-the-counter medications, prescriptions, periodic normal home maintenance items, periodic normal lawn care and/or yard work, periodic normal housekeeping, firewood and to ensure utilities are maintained.

All monetary assistance is subject to budgetary requirements and available funding; however, if monthly Tribal Distributions or Per Capita Payments are lowered by at least 50% of the normal monthly amount, the monthly Elder stipend shall be increased up to a total amount of \$1,200.00.

Additionally, if the normal monthly Tribal Distributions or Per Capita Payments are interrupted or stopped, the monthly Elder stipend shall be increased up to a total amount of \$1,500.00.

Energy Assistance: A Tribal Elder, as described in this Tribal Elder Program, may apply in writing for a one-time assistance for winter heating and/or summer cooling. All system repairs or replacements must be completed by a licensed contractor. This benefit is paid directly to the contractor after work is completed and is based on the Tribal Elder's need. The written request must have as much detail as possible with needed work explained and must be clearly outlined with all associated costs included in the written request. Additional information may be requested. This written request will be treated in the same manner as the Application process and will be based on available funding.

SECTION 5. APPLICATION PROCESS

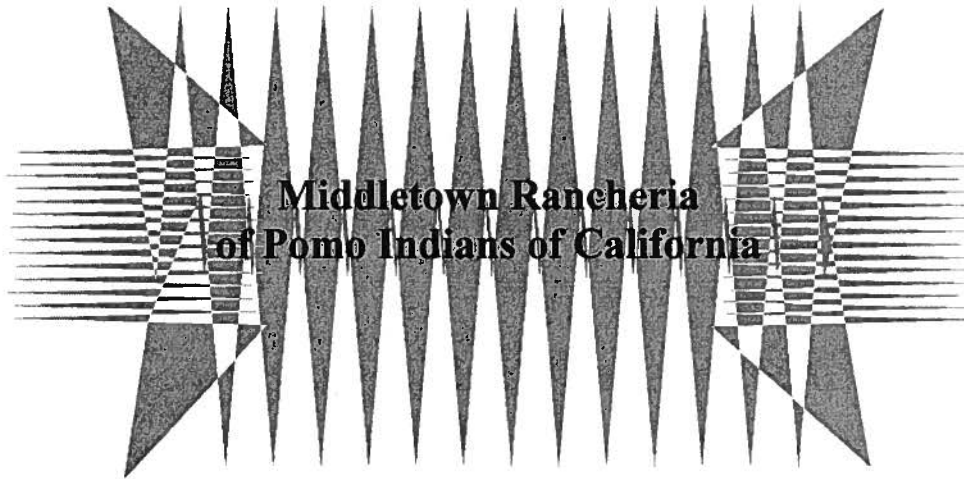
- 1) The Application must be complete, with all needed information, and signed by the Tribal Elder with date of signature.
- 2) The completed Application must be submitted to the Tribal Government Administration Office whereby it can be registered and submitted to the Tribal Council.
- 3) Additional information may be required prior to approving the Application and such requirement will be in writing by the Tribal Council.
- 4) All information provided in the Application must be verifiable at any time.
- 5) Upon receipt of the complete Application, the Tribal Council will review the Application at the next scheduled Tribal Council meeting.
- 6) The Tribal Council will notify the Tribal Elder Applicant in writing the result of approval or denial of Application into the Tribal Elder Program.
- 7) If the Application was not approved, the Tribal Council will provide a reason for the denial in writing.
- 8) If there are any changes in the eligibility of the Tribal Elder, the new information must be disclosed to the Tribal Council immediately.

PLEASE READ AND SIGN THE NEXT PAGE – ACKNOWLEDGEMENT OF THE TRIBAL ELDER PROGRAM – AND RETURN TO THE TRIBAL ADMINISTRATION OFFICE.

This is to certify that the Tribal Elder Program of the Middletown Rancheria has been approved and executed effective July 18, 2013.

Certified by: Jose Simon III 07.18.13
Jose Simon III, Chairman Date

Attested by: Pamela Reyes-Gutierrez 07.18.13
Pamela Reyes-Gutierrez, Secretary Date



Acknowledgement of the Tribal Elder Program:

I declare that I understand the Tribal Elder Program as follows:

- 1) I must complete the Application and sign with date of signature.
- 2) If requested, I must submit required documents for eligibility.
- 3) I understand the Application and documents may be verified and reviewed.
- 4) I understand that my Application and Eligibility can be reviewed at any time while under this Tribal Elder Program.
- 5) I understand I can only receive assistance as stated in Section 4, Services Available, and any other requests will automatically be denied for purposes of this Tribal Elder Program.

I declare under penalty of perjury that the answers I have given in the Application, and any Supporting Documents given are correct and true to the best of my knowledge and belief.

I declare that I have read and understand the application instructions, the acknowledgement of the Tribal Elder Program and all information printed in this application.

I further understand that this Tribal Program, similar to all general welfare programs, is based upon available funding.

Signature of Tribal Member

Date

Middletown Rancheria of Pomo Indians of California
APPLICATION FOR THE TRIBAL ELDER PROGRAM

I. TRIBAL MEMBER INFORMATION *(please type or print)*

| | | | |
|----------------------------|--------------|--------------------|-----------------------------|
| First Name: | Middle Name: | Last Name: | |
| Social Security Number: | | Date of Birth: | Age: |
| Mailing Address: | | City: | State: Zip Code: |
| Home Phone Number: | | Cell Number: | Other Contact Phone Number: |
| Name of Emergency Contact: | | Home Phone Number: | Cell Number: |

II. REPRESENTATIVE DESIGNATION *(if not desired, mark N/A)*

I hereby appoint the following person, if needed, for matters that may arise within the Tribal Elder Program.

| | | | |
|------------------------|--|---------------|-----------------------------|
| Representative's Name: | | Relationship: | |
| Home Phone Number: | | Cell Number: | Other Contact Phone Number: |
| Mailing Address: | | City: | State: Zip Code: |

III. ACKNOWLEDGEMENTS

AUTHORIZATION TO VERIFY MY ELIGIBILITY: I understand that Tribal Council may verify my eligibility for this Tribal Elder Program at any time using any available resources. If I fail to report to the Tribal Council, or its designee, any changes that may affect my eligibility, I may incur penalties. I understand that the Tribal Council, or its designee, is authorized to receive confidential information.

IV. SIGNATURE AUTHORIZING TRIBAL ELDER BENEFITS

Please sign and date the appropriate information below and return this Application to the Tribal Administration Office at your earliest convenience. The Tribal Elder benefits will commence the following month after receipt and approval of the Tribal Council.

| | |
|------------|-------------------------|
| Signature | Current Mailing Address |
| Print Name | SSN |
| | Date |