



**DISABILITY PROGRAM SHORT-TERM DISABILITY**

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## **SHORT-TERM DISABILITY PROGRAM**

### **SECTION 1. PROGRAM OVERVIEW**

The Short-Term Disability Program is specifically designed to aid Middletown Rancheria Tribal Members, who are gainfully employed and have become unable to work due to a short-term disability.

Due to the limited resources of social security disability benefits, or other assistance, individuals must meet their living expenses such as nutritional foods, utilities, medical, dental, and/or prescriptions.

It is the desire of the Tribe to implement a program to assist the eligible members to live comfortably and insure a level of security for their livelihood.

### **SECTION 2. DEFINITIONS**

**Disability:** For purposes of this Tribal Program, "Disability" means the "inability to engage in any substantial gainful employment or activity by reason of any medically determinable condition or mental impairment, including maternity, and not expected to exceed 12 months."

### **SECTION 3. ELIGIBILITY**

- 1) Must be a recognized Middletown Rancheria Tribal Member and,
- 2) Must provide proof (approval letter) that the Tribal Member has applied, and was approved, through their State's Department of Social & Health Services in the state that the Tribal Member resides; and/or
- 3) Must provide proof (approval letter) that the Tribal Member has applied, and was approved, through the Social Security Administration with the Federal Government, which is available in the state that the Tribal Member resides.
- 4) If applicable, must provide Worker's Compensation documentation if the injury was job related
- 5) If #4 not applicable, must provide written statement from current employer as proof of temporary "short-term" leave of absence from work.

#### **SECTION 4. FINANCIAL SERVICES AVAILABLE**

- 1) Each eligible Tribal Member may receive a stipend up to \$300.00 per month. The purpose of this monthly stipend is to assist the disabled Tribal Member to meet their living expenses such as nutritional foods, and utilities such as electric, gas, water, propane, and firewood.
- 2) Each eligible Tribal Member may submit paid receipts for reimbursements of up to \$500.00 per month to cover medical-related out of pocket expenses pertaining to their Long-Term Disability. Examples include and are only limited to:
  - Medical co-payments
  - Prescriptions
  - Medical expenses
  - Transportation expenses
  - In-Home Medical Care
  - Medical equipment

#### **SECTION 5. APPLICATION PROCESS FOR SHORT-TERM DISABILITY**

- 1) The Application must be signed by the Tribal Member and submitted to the attention of the Tribal Council
- 2) Proof of all Documents as stated under Section 3: Eligibility must be submitted along with the application
- 3) The Acknowledgement of Short-Term Disability Program must be signed by the Tribal Member and submitted to the attention of the Tribal Council
- 4) Upon receipt of the complete application, the Tribal Council will review at the next scheduled Tribal Council meeting
- 5) The Tribal Council will notify the applicant in writing the result of approval or denial of application into the Short-Term Disability Program
- 6) If the application was not approved, the Tribal Council will provide a reason for the denial in writing

**Acknowledgement of Short-Term Disability Program:**

I declare that I understand the Short-Term Disability Program under the Tribal Disability Program as follows:

- 1) I must complete the Application
- 2) I must submit required documents as stated under Section 3 - Eligibility
- 3) I understand the application and documents will be verified and reviewed for approval or denial
- 4) The paid receipts for reimbursement of medical related out of pocket expenses must be submitted within 30 days of receipt and cannot exceed \$500.00 per month
- 5) If I fail to report to the Tribal Council that I am no longer eligible to receive these benefits as outlined, and continue to accept the financial services assistance as outlined in Section 4; the financial services received will be deducted from my next available Tribal distribution check
- 6) I give the Tribal Council authorization to verify my eligibility for this Tribal Program at any time using any available resources
- 7) I understand the Tribal Council will maintain copies of billings, reimbursements, and checks for audit purposes
- 8) I understand that my application can be reviewed at any time while under this Short-Term Disability Program.
- 9) I understand I can only receive assistance as stated in Section 4 and any other requests will automatically be denied

I declare under penalty of perjury that the answers I have given in this Application, and the 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 Short-Term Disability Program and all information printed in this application.

I further understand that this Tribal Program, like most general welfare programs, is based upon available funding.

\_\_\_\_\_  
Signature of Tribal Member:

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

**Application for the Tribal Disability Program: Check One:**

- Long-Term
- Short-Term

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

Contact Phone Numbers: \_\_\_\_\_

Person Responsible for Applicant:  Self  
or \_\_\_\_\_

Head of Household: Yes \_\_\_\_\_ No \_\_\_\_\_ Age \_\_\_\_\_

Number of Person(s) Residing: \_\_\_\_\_ Need of In-Home Care:  Yes  No

Proof of Disability Status:  By State where Reside  By Social Security Administration  
 By Licensed Physician  Other \_\_\_\_\_

Are You Currently Employed:  Yes  No - If so, Hours per Week:  
\_\_\_\_\_

If Yes, please list Name, Address and Telephone of Employer:

Name of Employer: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Revised April 2009

**Any Additional Information pertaining to your Disability:**

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\_\_\_\_\_  
Signature of Tribal Member:

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