

GENERAL WELFARE EXCLUSION FORM

Department/Program Name: Emergency Quarantine Assistance Policy

1. **Description of Benefit:** general credit/debit cards in the amount of \$500.00 may be issued to individuals placed in isolation due to COVID 19. A second \$500 card will be issued for people requiring isolation for 14 or longer. A maximum of \$1000 will be given per COVID isolation case.

2. **Requirements to Receive Benefit:** At least 18 years old and an enrolled member of the Port Gamble S’Klallam Tribe; or at least 18 years old and a qualified non-member member living within the exterior boundaries of the Port Gamble S’Klallam reservation (“Qualified Nonmember” means a spouse, former spouse, legally recognized domestic partner or former domestic partner, ancestor, descendant, or dependent of a member of the Tribe); and is not an employee of the Port Gamble S’Klallam Tribe (because the tribe provides Covid sick leave to its employees); and is ordered into isolation by the tribe’s, a County, or a State public health official in writing. (attach guidelines for qualifying or applying for benefit)

Benefit Distribution Criteria

3. Subject to budgetary constraints, this Benefit is available to any individual who meets the distribution program guidelines. True False

4. This distribution of Benefits does not discriminate in favor of members of the Tribe’s governing body. True False

5. This Benefit is not lavish or extravagant. True False

6. This Benefit is for the promotion of the general welfare. True False

7. Does this Benefit distribution program qualify under any of the safe harbor program descriptions? Yes No

8. **Eligible uses:** Pay for the cost of transportation, temporary meals, and lodging of a tribal member or qualified nonmember while the individual is receiving medical care away from home; Provide assistance to individuals in exigent circumstances (including but not limited to victims of abuse), including but not limited to the costs of food, shelter, transportation and similar expenses; Pay costs for temporary relocation and shelter for individuals involuntarily displaced from their homes (including natural disaster);

9. Is the Benefit distribution program means-tested? Yes No

10. **Application for benefits:** Qualifying participants must submit a COVID Quarantine Assistance Application with required documentation within 14 days of the final date listed on the isolation orders.

11. **Penalties of misuse:** Applicants must acknowledge that by receiving these funds, they are promising to comply with the isolation directives given. Failure to comply with these directives may mean repayment of benefit and the possibility of not receiving more COVID assistance in the future.

COVID ISOLATION/QUARANTINE ASSISTANCE APPLICATION

Date of application: _____

Name of person in isolation/quarantine:

Phone number

Address: _____

Enrollment number _____

Resident of Little Boston ___ YES ___ NO

Agency placing in isolation/quarantine

Dates of Isolation/quarantine

Document attached

By accepting this COVID Isolation/Quarantine Assistance I am certifying that I am complying with the isolation/quarantine instructions attached to this application given to me by the public health officials.

Signature

Amount approved _____ (may not exceed \$500 for every 7
days required quarantine)

Approval signature: _____

Date _____
