

Household Support Assistance (HSA) Payments

Assistance: Up to \$1,000

Applications Deadlines: April 1, 2022- July 31, 2022

Council has approved for Non PGST parents or guardians, who have primary custody of an enrolled PGST minor Tribal child(ren) living in their household who **have not already received CSA or HSA** payment of (\$5,000 or \$1, 000) **may be eligible to receive up to \$1,000 for child(ren) in their household.** This is to help tribal members with the negative economic harms caused by ongoing affects and impacts of Covid 19.

Eligibility

1. Non PGST Parents or Guardians 18 & over who have an enrolled PGST Minor Tribal Member living with them
2. Has Primary Custody of the PGST Tribal Member child(ren)
3. **Has not** received or does not plan to apply for CSA (\$5,000) or HSA (\$1,000) payment
4. **Has not** received direct cash assistance relating to Covid 19 impacts from another Tribe between 10/1/2021-3/1/2022 of \$1,000 or more

Required Documents

1. HSA Application
2. Vendor Form (if not already on file)
3. Court Order or Program Documents (at least 1)
 - a. Proof of Court ordered Designated Primary Custodian
 - b. Verification of Primary Custody from PGST Child Support Program
 - c. Proof of an out of home placement form PGST Child Welfare Program

Deadline July 31, 2022

Applications can be submitted via mail, email or provided in person

Port Gamble S'Klallam Tribe
Attention: Leeanne Tom, CFS
31912 Little Boston Road NE
Kingston WA 98346
ltom@pgst.nsn.us

If you have questions, please contact CFS Director, Cheryl Miller, cmiller@pgst.nsn.us at (360)297-9665.

DISTRIBUTING HOUSEHOLD SUPPORT ASSISTANCE TO NON-PORT GAMBLE S'KLALLAM HOUSEHOLDS WITH ENROLLED PORT GAMBLE S'KLALLAM CHILDREN (HSA)

The purpose of this policy is to provide financial assistance to non-Port Gamble S'Klallam (PGST) households that have primary custody of enrolled PGST children for food, rent, mortgage, utilities, home repairs, weatherization, counseling, legal aid, remote work or learning, childcare, and/or other needs, in an effort to lessen the economic harm caused by the COVID-19 pandemic in a way that promotes the general welfare and self-determination of the Tribe.

- 1. A Non-PGST Parent, Guardian or Household That Has Verified Primary Custody of at Least One PGST Child Will Be Eligible to Receive a Household Support Assistance (HSA) Payment of \$1,000.**
 - a. Applicant must be eighteen (18) years of age on the date the application is submitted.
 - b. Application will cover the non-PGST parent, guardian, or head of household if:
 - i. Enrolled PGST children are in court ordered placement in the household.
 - ii. Enrolled PGST children whose PGST parent has passed away are residing with the non-PGST parent or guardian; or
 - iii. There is other verification that enrolled PGST children are in primary custody of and residing with the non-PGST parent or guardian applicant.
 - c. Applicant will only be eligible for this assistance if no other parent, guardian, or head of household with equal or greater custody rights to the PGST enrolled child has received a CSA or HSA payment from the Tribe of \$5,000 or \$1,000.
 - d. If the applicant received or is eligible to receive direct cash assistance from another tribe for the purposes of COVID-19 pandemic relief between October 1, 2021 and March 31, 2022, that amount will be subtracted from an applicant's HSA award.
 - i. If an applicant received \$1,000 or more in direct COVID-19 cash assistance from another Tribe, the applicant will not receive any award under this policy.
- 2. An Eligible Non-PGST Parent or Guardian Must Submit a Complete Application, Including Supporting Documents and According to the Deadline, in Order to Receive HSA Payments.**
 - a. The established deadline and process for submitting applications will be widely publicized by the department responsible for administering the HSA to non-PGST households.
 - b. The administering department has discretion to create additional application requirements as needed to determine eligibility in accordance with this policy.
- 3. Record of Assistance Given Will Be Tracked and Internal Audit Will Conduct a Review of the HSA Records within 90 Days of Completion of the Program.**
- 4. The HSA Shall Be Administered in Compliance with Title 31.01.03 of the Tribal Code and §139E of the Internal Revenue Code of 1986, as Amended, and Therefore Shall Be Excluded from the Participant's Gross Income for Federal Income Tax Purposes and State Benefit Calculation.**
- 5. HSA Payments Will Not Diminish a Participant's TANF/SFA, RCA, PWA, ABD Cash, and Food Assistance Benefits, as Pursuant to Washington Administrative Code 388-450-0040.**

Port Gamble S'Klallam Tribe (PGST)

General Welfare Program

Household Support Assistance (HSA) Payments DUE JULY 31, 2022

This application is for Household Support Assistance (HSA) payments, which are available to non-PGST parents or guardians, who are 18 years or older on the date the application is signed, that have primary custody of children enrolled with the Port Gamble S'Klallam Tribe. This application is for cash assistance to help tribal members with the negative economic harms caused by ongoing affects and impacts of COVID 19. Cash assistance may be used for food, rent, mortgage, utilities, home repairs, weatherization, counseling, legal aid, costs related to remote work or learning, loss of childcare, and/or other needs. Final assistance must be approved by designated Tribal staff.

This program provides financial assistance to non-PGST parents or guardians that have primary custody of a child or children enrolled with the Port Gamble S'Klallam Tribe so as to promote the social welfare and self-determination of the Port Gamble S'Klallam Tribe. Council recognized that households with PGST children continue to experience increased cost of living expenses in connection with the public health emergency via Motion on 6/8/2020 and again via Resolution on 1/25/2022.

Payment will be issued directly to non-PGST Parent or Guardian applicant.

Guardian/Parent Name _____	S'Klallam Child(ren) in Household _____
Mailing Address _____ _____	Is this a new address? YES: <input type="checkbox"/> NO: <input type="checkbox"/>
E-Mail _____	
Telephone Number _____	
Cell Phone Number _____	

Select support you are requesting:		Household Support Assistance Payment : <input type="checkbox"/> \$1,000
I am a non-PGST parent or guardian, who is 18 years of age or older, to an enrolled child(ren) of the Port Gamble S'Klallam Tribe.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Accounting Only: Vendor Name -----
Myself or my household has experienced negative economic impacts due to the COVID-19 pandemic.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
I intend to use this benefit only for its designated purposes.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
No other person with equal or greater custody rights to the enrolled PGST child(ren) has, or plans to apply to receive, a CSA or HSA payment from the Tribe of \$5,000 or \$1,000.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Vendor Class ID: Exempt
I have recieved, or am eligible to receive, direct cash assistance relating to COVID-19 impacts from another tribe between October 1, 2021 and March 31, 2022.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, what is the amount you received or are eligible to receive: (This amount will be deducted from your award)	\$	

Documentation Providing:		
Applicant must provide at least one of the following:		
A. Proof of court ordered primary custody	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	CFS ONLY: Case #: Comments:
B. Verification of primary custody from PGST - CFS Child Support	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
C. Proof of out of home placement from PGST - CFS Child Welfare Program	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If applicable, written verification of any COVID-19 direct cash assistance received from another tribe between October 1, 2021 and March 31, 2022, specifying total amount.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

Signature of Acceptance

I certify that the information I provided in this form is correct to the best of my knowledge and belief.

Signature of Guardian/Parent _____	Date _____
Signature of CFS Staff _____	Date _____

Return Application to:
 Port Gamble S'Klallam Tribe
 Attention: Leanne Tom, CFS
 31912 Little Boston Road NE
 Kingston WA 98346
 ltom@pgst.nsn.us

This form replaces the standard W-9 Form

Port Gamble S'Klallam Tribe

New Vendor Set Up/or TIN Number Request

<input type="checkbox"/>	Individual/Sole Proprietor
<input type="checkbox"/>	Exempt - Fisheries/Court Payments
<input type="checkbox"/>	Exempt - TANF, Respite Care, Foster Parent or Child Support
Social Security Number _____ - _____ - _____	

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other - 501C _____		
<input type="checkbox"/>	Exempt from backup withholding		
TIN _____ - _____ - _____			

Vendor Classification - Type of Supplies/Services are Provided			
<input type="checkbox"/>	Employee Travel, Reimbursement	<input type="checkbox"/>	Vendor Business
<input type="checkbox"/>	Exempt Fisheries, TANF, Court	<input type="checkbox"/>	Other
Subcontract or Taxable Services?			
<input type="checkbox"/>	Individual/Committee	<input type="checkbox"/>	Medical/Dental
<input type="checkbox"/>	Small Business	<input type="checkbox"/>	Attorney

Name (Individual): _____	
Business Name: (If Applicable) _____	
Address: (Remittance) _____	
<i>(If 1099 Misc. is mailed to different address, please specify.)</i> _____	
Contact Person: _____	
Telephone No.: _____	Fax No.: _____
Email or Web Address: _____	Signature of Individual/Vendor _____

***** FOR ACCOUNTING USE ONLY *****			
Payment Terms: _____	Minimum Order/Credit Limit: _____		
Will This be a recurring Vendor?	YES	NO	
Independent Contract Complete & Signed?	YES	NO	
Does a Tax Exempt Form need to be sent to this vendor?	YES	NO	
Does Tribes Credit Application need to be sent to this vendor?	YES	NO	

Vendor Class ID:	<input type="checkbox"/> PO	<input type="checkbox"/> 1099-3	<input type="checkbox"/> 1099-14
	<input type="checkbox"/> Check	<input type="checkbox"/> 1099-6	<input type="checkbox"/> Exempt
	<input type="checkbox"/> Travel	<input type="checkbox"/> 1099-7	See Exempt Above

Vendor Number Set Up:	
(# Starts with 1st 3 Letters of First Name/Last 4 Letters of Last Name)	
*The employee set up may have other history prior to 04/30/06	
*Employees: _____	0 0 0 1
Vendors: _____	0 0 0 2
Exempt: _____	0 0 0 3
Individuals/Committees _____	1099-3
Medical/Dental Subcontracts _____	1099-6
Small Businesses _____	1099-7
Attorney _____	1099-14

*The Tribe will be subject to a \$50.00 fine if you do not complete W-9 Info & vendor may be subject to Back-Up W/H
Certified By (Employee, Director or HR) _____

Verification of Posting:
Reviewed By: _____
Posted By: _____
Received _____

