WHITE EARTH RESERVATION BUSINESS COMMITTEE

2026 Enrolled Adult Members Safety & Health Assistance Application

Eligibility: Enrolled White Earth Member • **Age 18+ on or before December 31, 2026** (DOB ≤ 12/31/2008) • U.S. Resident • Limit 1 per Member • Application must be submitted by 12/31/2026 at 11:59pm CST •

Please fill out the following fields by the deadline listed above, the information you submit will be kept confidential. If the information is left blank or not legible, your application will be void and will not be processed. The Safety and Health Assistance Payment provided by The White Earth Tribal Nation under its sovereign Authority to promote the general welfare of its members. The payment is made to support essential safety, health, and wellness needs, is not compensation for services, and is provided pursuant to the Tribal Nation's welfare-promoting program for its adult members.

NOTICE 1 — CHECK RE-ISSUE POLICY: Checks that are lost or misplaced: **30 days from the date of the check**, re-issue of checks will be processed upon request.

NOTICE 2 — MISSING / INCORRECT INFORMATION & 10-DAY VOID RULE: If any information is missing or incorrect and our office attempts to contact you by **call, email, or mail** and you do not respond, or mails back the application and it is not returned by the deadline or within **10 days** of the deadline, your application will be **void**.

NOTICE 3 — REPRESENTATIVE & OPTIONAL PHOTO ID: If a representative is completing or signing this application on behalf of the enrolled adult member, the **representative must submit a valid court order** for the applicant. A copy of a Tribal or state-issued photo ID is **optional and not required** (including for members who are currently incarcerated or residing in a medical/care facility), though you may attach one if available.

SECTION 1: APPLICANT VITAL INFORMATION (PRINT CLEARLY — MUST MATCH ENROLLMENT RECORDS)

LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN / OTHER NAME

DATE OF BIRTH (MM/DD/YYYY) — MUST BE ≤ 12/31/2008	WHITE EARTH TRIBAL ENROLLMENT NUMBER	SOCIAL SECURITY NUMBER (SSN)

SECTION 2: CURRENT U.S. MAILING ADDRESS & CONTACT INFORMATION

Current Living / Residence Status: ☐ Private Residence ☐ Correctional Facility / Incarcerated ☐ Medical / Nursing / Treatment Facility

FACILITY NAME (IF INCARCERATED OR IN MEDICAL/CARE FACILITY)	INMATE / DOC / PATIENT ID # (IF APPLICABLE)

CURRENT U.S. MAILING STREET ADDRESS / P.O. BOX / UNIT # (WHERE CHECK WILL BE MAILED)

CITY	STATE (U.S. ONLY)	ZIP CODE	COUNTY

CELL / PRIMARY PHONE NUMBER	ALTERNATE PHONE NUMBER	EMAIL ADDRESS

SECTION 3: CONFIDENTIALITY ACKNOWLEDGMENT & APPLICANT CERTIFICATION

I understand that the information I am providing on this form is for registration and eligibility purposes. The information will be used by the White Earth Reservation Business Committee and the White Earth Nation Government (for example, and including without limitation, the Finance Division) to create statistical reports and may be used by service providers to help identify other services from which I may benefit. This information will not be released to anyone other than the above-mentioned parties in a way that will identify me as an individual unless I sign a separate consent for that purpose. I understand that I do not have to sign for release of information but will still receive services for which I am eligible.

APPLICANT SIGNATURE (OR COURT-ORDERED REPRESENTATIVE SIGNATURE)	DATE SIGNED (S&H DATE OF APP)	REPRESENTATIVE? (ATTACH COURT ORDER) ☐ Yes ☐ No

PRINTED NAME & RELATIONSHIP OF COURT-ORDERED REPRESENTATIVE (IF APPLICABLE — COURT ORDER MUST BE ATTACHED)	REPRESENTATIVE PHONE #

SUBMIT COMPLETED APPLICATION TO: **Mail / Drop-Off:** White Earth Enrollments, P.O. Box 506, White Earth, MN 56591 | **Email:** Enrollments26@whiteearth-nsn.gov | **Online:** https://werbcforms.com/Forms/SafetyandHealthAssistance2026 | **Questions:** (218) 935-3850

FOR OFFICE USE ONLY — WHITE EARTH ENROLLMENTS & FINANCE AUDIT LOG

1. INTAKE, MAIL LOG & COMPLETENESS SCREENING (CLERK / INTAKE STAFF)

Channel: ☐ Online ☐ Email ☐ Mail ☐ Drop-Off
Date Rec'd: _____ **Postmark:** _____
☐ **Mail In/Out Log Updated** (Clerk/Admin Asst)
☐ Printed via 3-Staff Email Contingency

Optional ID Attached? ☐ Yes ☐ No
Rep. Court Order: ☐ N/A ☐ Attached
Intake Status:
☐ Complete → Step 3
☐ Missing/Error → Step 2
Clerk Initials: _____

2. DEFICIENCY HOLD & MEMBER OUTREACH (ASSIGNED STAFF)

Issue: ☐ Unsigned ☐ Blank ☐ Illegible ☐ No Court Order ☐ Vital Mismatch
Outreach 1: Date _____(☐ Call ☐ Email ☐ Mail)
Outreach 2: Date _____(☐ Call ☐ Email ☐ Mail)
Staff Initials: _____

10-Day Return Due: _____
Outcome:
☐ Cured/Rec'd Date: _____→ Step 3
☐ **VOID** (No response / not returned within 10 days of deadline)

3. PROGENY DATABASE VERIFICATION & PAYMENT ENTRY (PROCESSING STAFF)

☐ Current Enrolled Member Confirmed
☐ Age ≥ 18 by 12/31/2026 (DOB ≤ 12/31/2008)
☐ Court Order Verified (If Rep. Signed)
☐ No Prior 2026 S&H Payment Issued
Vitals Matched: ☐ Name ☐ DOB ☐ SSN ☐ Enroll #

Progeny Updated: ☐ Addr ☐ Phone ☐ Email
Payment Tab: *Safety & Health 2026* | **$300.00**
Withholding: ☐ Left Blank / None
Pmt Date: _____
☐ **Notes Tab Entered** (Actions + S&H Date of App)
Processor Initials: _____ **Date:** _____

4. BATCH CERTIFICATION, SORT & FINANCE DISBURSEMENT

Geographic Sort: ☐ On-Rez ☐ Off-Rez
Run Type: ☐ 2x/Wk Run ☐ Single Dist. Date
Batch #: _____ **Dir. Initials:** _____
Check #: _____

Check Date: _____ **Mailed:** _____
On-Rez Pickup: ☐ ID/Verified ☐ Signed Log
Lost/Misplaced Reissue (≥30 Days from Check Date):
Req. Date: _____ New Check #: _____