

White Earth Reservation – Enrolled Adult Members
Safety & Health Assistance Payment – Amount \$300

To provide the Safety & Health Assistance Payment to White Earth Reservation adult (18 years old+) enrolled members living in the United States, your assistance is needed. Please complete all sections of this form and return it by the deadline listed below. If information is not legible or left blank, the application will be considered incomplete and void and will not be processed. The information you provide will be kept confidential and will be used to verify eligibility and to identify services and events from which you may benefit.

The Safety & Health Assistance Payment (“Safety and Wellness Payment”) is 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.

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.

Residency (Check One)

_____ On Reservation _____ Off Reservation

Applicant Information (All fields are required)

Name (First, Middle, Last): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (MM/DD/YYYY): _____

Enrollment Number: _____

Copy of Valid Tribal or State ID (attach copy): _____

Applicant Certification

By signing below, I certify that:

- I am an adult (18 years or older) enrolled member of the White Earth Nation currently living in the United States.
- The information I have provided is true, correct, and complete to the best of my knowledge.
- I understand that providing false or misleading information may result in denial or recovery of benefits.
- I understand that this Safety & Health Assistance Payment is a one-time payment, and that I may submit only one application for myself.

Signature: _____ Date: _____

Submission Instructions- **Must select only one submission method**

Mail OR email your completed application and copy of ID to:

Mail to:

White Earth Enrollments

Attn: Safety & Health Assistance Payment

P.O. Box 506

White Earth, MN 56591

Email (for completed applications):

Enrollments25@whiteearth-nsn.gov

Online App:

<https://werbcforms.com/Forms/SafetyandHealthAssistanceApp>

Deadline for Submission

Deadline for Submission: December 31, 2025

Applications must be received or postmarked on or before December 31, 2025.

Applications received or postmarked after this date will not be eligible for the Safety & Health Assistance Payment.