



# SUSANVILLE INDIAN RANCHERIA

November 1, 2024

To: All Adult Members of the Susanville Indian Rancheria  
From: Arian Hart, Tribal Chairman  
CC: SIR Tribal Business Council  
Re: SIR 2025 Medical Relief Program

The Susanville Indian Rancheria (SIR) supports the SIR Tribal Community, families, and members that have been negatively impacted by medically related expenses. I am pleased to inform you that the SIR Tribal Business Council (TBC) has authorized the 2025 Medical Relief Program under the General Welfare Exclusion Act codified at 26 U.S.C. §139E. The general welfare benefits provided under a qualifying Indian Tribal Government Program may be excluded from taxable income. This program will offer a **one-time** disbursement in the amount of \$2,031.00 for all adult enrolled SIR Tribal Members living on or off the reservation, and who are not incarcerated for a felony.

The SIR 2025 Medical Relief Program Assistance funding is to be used to assist with medical expenses that you select on your application which includes but is not limited to: hospital visits, prescriptions, insurance co-pays, premiums, unforeseen medical expenses, medical bills, out of town medical requirements/needs, etc. To qualify for the funding, you must be an SIR enrolled Tribal Member living on or off the reservation, 18 years of age by January 31, 2025, and not incarcerated for a felony.

2025 Medical Relief Program Applications will be accepted beginning November 4, 2024, through January 31, 2025. Applications received after the deadline will not be accepted. In addition, please note the following information in applying for the Medical Relief Program Funding:

- All checks and applications will be processed in the order that they are received.
- Applications may take up to two weeks to process.
- Applications will be processed starting December 2, 2024.
- Checks and/or Direct Deposits will be made starting December 5, 2024, and every Thursday thereafter until February 6, 2025.
- Direct Deposits can take up to 48 hours to appear in your account.
- Mailed checks take upwards of 5-10 days to receive.
- If a stop payment request is needed, it requires a 10-day waiting period per policy.
- Funding must be spent for the purpose that you select on your application.

If any questions arise, the Tribal Office Staff are available to answer any questions or inquiries you may have. Please contact the office at (530) 257-6264. Applications may be submitted only to the following: email - [tribaloffice@sir-nsn.gov](mailto:tribaloffice@sir-nsn.gov), fax, or mailed to the Tribal Office.

Respectfully,

Arian Hart  
Tribal Chairman



**Susanville Indian Rancheria  
Medical Relief Program  
Assistance Application for 2025**

Tribal Member Name: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_ Phone #: \_\_\_\_\_

Delivery of funds (circle one):      Check      Direct Deposit

(If selecting Direct Deposit: I understand that SIR will use the Direct Deposit information I have on file. If there is a change I will submit a new form. \*If there is no Direct Deposit information on file a check will automatically be sent.)

Please indicate below which of the following circumstances that you or your household have qualified for through 2024 and continue to experience into 2025. Please check all boxes that apply.

- Hospital Visits       Prescriptions       Insurance Premiums / Co-pays  
 Unforeseen Medical expenses       Medical Bills       Out of town Medical Expenses

Other: \_\_\_\_\_

By signing below, I swear or affirm that the information I have given is true and that I am providing it to the Susanville Indian Rancheria to determine eligibility for the 2025 Medical Relief Program. I understand that providing false information in this application may subject me to criminal penalties.

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

**(MUST be a wet signature. Will not accept any other form.)**

**\*OFFICIAL USE ONLY\***    Date sent to fiscal: \_\_\_\_\_    Check run date: \_\_\_\_\_

**Amount Authorized to Pay:** \_\_\_\_\_       Check       Direct Deposit

Information logged into ARPA 2024/2025 spreadsheet: \_\_\_\_\_

By initialing below, I have verified this individual is eligible for the amount/program listed above.

Tribal Administrator or Tribal Office Manager: \_\_\_\_\_

Fiscal Received: \_\_\_\_\_ Entered into system: \_\_\_\_\_

Check or direct deposit issue date: \_\_\_\_\_

Fiscal sign off: \_\_\_\_\_

**DEADLINE – January 31, 2025**