



**POKAGON BAND OF POTAWATOMI INDIANS  
MINORS PER CAPITA TRUST  
SPECIAL DISTRIBUTION REQUEST FORM  
CERTIFICATION OF USE AND NECESSITY**

In order to receive a distribution from your child's trust, you affirm the following by signing below:

(1) **USE:** That you will use this distribution solely for the use listed below, and will not directly sell, exchange or give the purchased items or services to others for any purpose.

(2) **NECESSITY:** That the distribution is necessary for your child's health, education or welfare, because there are no other programs available for this request. You also affirm that the information you fill out below, and all receipts, bills, and/or statements are complete and correct.

You also consent to all information herein being shared with the Pokagon Band of Potawatomi Indians tribal government entities and their agents, and information about you relevant to this Certification being given to Providence First Trust Company from any tribal government entity, federal, or state government entity, or their agents.

NAME OF MINOR/ADULT CHILD: \_\_\_\_\_ TRIBAL ID # \_\_\_\_\_  
 PARENT/GUARDIAN: \_\_\_\_\_ TRIBAL ID # \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP CODE: \_\_\_\_\_  
 DAYTIME PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 ADULT CHILD or  
 PARENT/GUARDIAN SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_

Please submit this completed form to:

Providence First Trust Company  
 7501 E. McCormick Pkwy., Suite 101  
 Scottsdale, AZ 85258

For questions, call (602) 952-2300  
 or toll free at 1-855-POK-AGON  
 (1-855-765-2466)

or fax to: (602) 952-0018

***CERTIFICATION OF USE***

Please attach any invoice or bill you have regarding the request. If possible, we will make the check payable to the service provider or supplier. When distributions are made to you as the guardian, you must submit original receipts after using the distribution so we can confirm the trust funds were spent properly. An envelope and instructions for sending in the receipts will be sent with each distribution. You will not be entitled to another distribution until you provide an invoice or original receipts.

<u>Amount</u>	<u>Category</u>	<u>Details of Specific Use</u>
\$ _____	Health	_____
\$ _____	Education	_____
\$ _____	Welfare	_____

**CERTIFICATION OF NECESSITY**

**YOU MUST FIRST USE OTHER AVAILABLE RESOURCES:**

**1. Income**

Estimated yearly household income (jobs, investments, child support, per capita): \_\_\_\_\_ /year

How many people are supported by that income: \_\_\_\_\_

**2. Insurance**

Available insurance for your request: \_\_\_\_\_

Amount insurance will pay for your request: \_\_\_\_\_

**3. Social Programs**

A. Any Federal, State and/or Local Government Assistance: \_\_\_\_\_

B. Tribal Resources: **BEFORE YOU RECEIVE A DISTRIBUTION, YOU MUST FIRST CONTACT YOUR TRIBE'S SOCIAL PROGRAMS**

Which department did you contact and what was the result?

\_\_\_ Department of Health: \_\_\_\_\_  
(1-888-440-1234)  
(or 269-782-4141) \_\_\_\_\_

\_\_\_ Department of Education: \_\_\_\_\_  
(1-800-517-0777)  
(or 269-782-8998) \_\_\_\_\_

\_\_\_ Department of Housing: \_\_\_\_\_  
(1-800-517-0777)  
(or 269-782-8998) \_\_\_\_\_

\_\_\_ Department of Social Services: \_\_\_\_\_  
(1-800-517-0777)  
(or 269-782-8998) \_\_\_\_\_

If you are stating that you were denied any assistance from the applicable Department, please attach any evidence or denial letter.

Please detail any other reason(s) why this requested distribution is necessary for the health, education, or welfare of the child:

\_\_\_\_\_  
\_\_\_\_\_

