MESCALERO APACHE TRIBE
GENERAL WELFARE ASSISTANCE PROGRAM – WINTER 2025/26

Policies & Procedures

A. Statement of Need. The Mescalero Apache Tribe (the "Tribe") recognizes that Tribal families face significant extra costs associated with the following:

1. Winter weather, which necessitates increased heating costs, the purchase of warm clothing, weatherization and repairs to homes, and increased medical costs due to illness;
2. Inflation, which increases the cost of groceries and other necessities and reduces the ability to pay for rent, gasoline, vehicles, child care, etc.; and
3. Lack of or lapses in federal public assistance for needy families, furloughs resulting from the recent federal government shutdown and possible future government shutdowns, and reductions-in-force for federal employees, which required short-term loans, led to late fees/penalties, and resulted in other similar costs.

The inability of Tribal families to afford these significant extra costs negatively affects the general welfare (health, welfare, and safety) of these Tribal families and the Tribe as a whole and therefore, there is a need for the Tribe to provide assistance as allowed given the Tribe's financial resources and applicable laws.

B. Purpose. The purpose of the General Welfare Assistance Program - Winter 2025/26 (the "Program") is to provide financial assistance for the need identified above.

C. Compliance. This Program complies with the Tribal General Welfare Exclusion Act of 2014 (P.L. 113-168) (the "Act") and Internal Revenue Service ("IRS") Rev. Proc. 2014-35. Specifically, assistance under this Program is not compensation for services and is reasonable given the unique needs of the Tribal community. In addition, the distribution of assistance does not discriminate in the favor of any person or group of persons. Payments under this Program are not per capita or dividend payments. Instead, payments are general welfare financial assistance based on need. As such, assistance received under this Program does not constitute income and should not affect a recipient's ability to access other benefits or services based on income.

D. Amount of Assistance. Each Applicant may apply for and receive a one-time payment of $700.00.

E. Eligibility. Assistance under this Program is available to each enrolled Tribal Member, regardless of age or residency, who is in need of assistance for the need listed above.

F. Proof of Eligibility.

1. Enrollment Status & Date of Birth. Each Applicant is required to list the Tribal census number and date of birth for the Applicant and each child listed on his or her Application (if any). The Tribe will verify the enrollment status and date of birth for the Applicant and each child listed on an Application (if any) with the Tribal Census Clerk.
2. Custody or Guardianship. Where there is a custody or guardianship order for a particular child listed on his or her Application, then the Applicant must attach a

copy of the most recent custody or guardianship order to the Application. The Tribe will verify custody or guardianship with the Mescalero Apache Tribal Child Support Enforcement Office (MATCSEO) and/or the Tribal Court, where there is an order attached to an Application or the Tribe has other reason to question the status of custody or guardianship.

3. Pursuant to the Act and IRS Rev. Proc. 2014-35 at Sections 5.01 and 5.02, individual need is presumed because this Program complies with all other requirements. Given this presumption, the need to distribute financial assistance as quickly as possible, and to ease the administrative burden, the Tribe will allow each Applicant to self-certify that he or she has a need for financial assistance for the reasons listed above. However, the Tribe reserves the right to request additional documentation of need from an individual Applicant at its discretion.

G. Eligible Costs. Financial assistance provided under this Program must be used to pay the following costs. The recipient is responsible for maintaining receipts for purchases made using this financial assistance and must provide the same to the Tribe at the Tribe's request.

Fire wood or wood pellets	Purchase of wood stoves and heaters	Baby formula, pampers, wipes, baby food, car seats, high chairs, & similar items	Personal hygiene products (shampoo, conditioner, toothpaste, toothbrushes, tampons or pads, adult diapers, etc.)
Utilities (propane/natural gas, electricity, water, sewage, trash, telephone, & internet)	Medical costs (premiums, co-pays, deductibles, medication, and transportation to medical appointments)	Groceries (bread, produce, meat, canned goods, pasta, cheese, drinking water, milk, etc.)	Rent, mortgage, property taxes, and down payments
Warm clothing (jackets, hats, snow boots, scarves, gloves, thermal underwear, etc.)	Weatherization, repairs, or rehabilitation of primary residence	Child care	Gasoline, vehicle payments, and repairs/maintenance for primary vehicle

H. Submission of Applications & Payments.

1. Each Applicant must complete and submit the Application attached to these Policies & Procedures. An Applicant who is a parent or legal guardian may apply for assistance for his or her minor child(ren) by listing the name(s) of his or her minor child(ren) on his or her Application.

2. Applications must be submitted to the Front Desk at Tribal Administrative Offices, 108 Central Avenue, Mescalero, New Mexico or via mail to P.O. Box 227,

Mescalero, New Mexico 88340, email to eplatta@mescaleroapachetribe.com, or facsimile to (575) 464-9220.

3. Applications for *non-enrolled* children born *before midnight on December 12, 2025* will be accepted up to **4:30 P.M. on December 18, 2025**. However, payments for such children will not be made until enrollment.

4. All other Applications must be received by 4:30 P.M. on **December 12, 2025**. Payments will be distributed at the Community Gymnasium on **December 18, 2025**. Payments not picked up on December 18, 2025 will be mailed out on the following Monday.

5. Incomplete Applications and Applications received after the deadline will be deemed ineligible and denied.

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Application

INSTRUCTIONS

1. Please see the General Welfare Assistance Program – Winter 2025/26, Policies and Procedures (the "Policies and Procedures") for all applicable rules, including eligibility.
2. All children with the same parent/legal guardian may be listed on the same Application. A child cannot be listed on more than one Application. You must attach the most recent custody/legal guardianship orders (if any).
3. This Application must be *COMPLETE* with all required attachments. Incomplete Applications will be denied. You must sign the "Attestation, Certification, and Agreement" attached to this Application.
4. You must submit this Application: 1) in person at Tribal Administrative Offices; 2) by mail to P.O. Box 227, Mescalero, NM 88340; 3) by email to eplatta@mescaleroapachetribe.com; or 4) by facsimile to (575) 464-9220.
5. DEADLINE:
   a. For *non-enrolled* children born before midnight on December 12, 2025, this Application must be submitted by **4:30 P.M. on December 18, 2025**. However, payments for such children will not be made until enrollment.
   b. Otherwise, this Application *must be submitted* by **4:30 P.M. on December 12, 2025**. Payments will be distributed at the Community Gymnasium on **December 18, 2025**. Payments not picked up on **December 18, 2025** will be mailed out on the following Monday.

Please List Name of Applicant: Full Name: Tribal Census #: Date of Birth: Mailing Address: Phone #:
Please List Child(ren)'s Information Below: Full Name: Tribal Census #: Date of Birth:
Full Name: Tribal Census #: Date of Birth:
Full Name: Tribal Census #: Date of Birth:
Full Name: Tribal Census #: Date of Birth:
*Attach additional pages as needed.

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ATTESTATION, CERTIFICATION, & AGREEMENT

I, _____ (print name of Applicant), attest and certify that:

1. I am not able financially to pay for eligible costs for the reasons listed in the General Welfare Assistance Program – Winter 2025/26, Policies and Procedures (the "Policies and Procedures;"
2. I have physical custody or guardianship of the child(ren) listed on my Application and no other person is filing an Application on behalf of the child(ren) listed on my Application; and
3. I will use any financial assistance I receive, either for myself or on behalf of the child(ren) listed on my Application (if any), under the Program for eligible costs only.

I understand and agree that I will repay the amount of financial assistance I received if later it is discovered that I am not eligible for financial assistance under the Program or that I did not use the financial assistance I received for eligible costs. Furthermore, I understand and agree that I am responsible for maintaining receipts for all purchases made with the financial assistance that I receive under the Program and will deliver copies of such receipts to the Tribe at the request of the Tribe.

I certify under penalty of law that the information contained above is true and accurate and I understand that I may be subject to prosecution for fraud if I knowingly provided false or misleading information.

Submitted by: _____ Date: _____
Signature of Applicant

DATE RECEIVED: _____

APPROVED? ___ YES ___ NO

BY: _____