



The Confederated Tribes of the Grand Ronde Community of Oregon

Member Services Department
9615 Grand Ronde Road
Grand Ronde, Oregon 97347

Phone (503) 879-1358
1-800-422-0232 x 1358
Fax (503) 879-2480

The Confederated Tribes of Grand Ronde Tribal Veterans Disability Compensation Program Application

Name: _____
First Middle Last Suffix

Roll #: _____ **Social Security Number:** _____

Address: _____
Mailing City State Zip

Phone Number: _____ **Email:** _____

Branch of Service: _____

Years Active/Served: _____

CERTIFICATION AND AGREEMENT

Please read and initial the following:

- _____ I hereby certify that the information contained in and attached to this application for Tribal benefits is current, accurate and correct
- _____ I certify that I am an enrolled member of the Confederated Tribes of Grand Ronde Community of Oregon; between the ages of 18 and 54, and I am currently receiving benefits from the Veterans Disability program through the Federal Government Veterans Administration (not to be confused with the Federal Veterans Pension program)
- _____ I agree to furnish the Confederated Tribes of Grand Ronde with all requested documentation related to consideration for program eligibility, at least but not limited to, once per calendar year. Such documentation will include, but is not limited to, proof of current VA Disability payments. I further agree to inform the Tribe's Member Services Department of any change in my eligibility for Federal VA Disability benefits
- _____ I understand and agree that my failure to notify the Tribe of a change in my eligibility status or failure to provide required documentation may result in the suspension and/or removal of my Tribal Disability benefits
- _____ I further understand and agree that if I receive an overpayment, I must pay back the amount of the overpayment or make other arrangements for reimbursement to the Tribe. I understand that if I do not repay the Tribe for any and all overpayments, the debt will be forwarded to the Tribe's Debt Collection Process under the Tribe's Debt Collection Ordinance and may interfere with future payments.

Printed Name:

Signature:

Date:



The Confederated Tribes of the Grand Ronde Community of Oregon

Member Services Department
9615 Grand Ronde Road
Grand Ronde, Oregon 97347

Phone (503) 879-1358
1-800-422-0232 x 1358
Fax (503) 879-2480

****Please attach copies of your most recent correspondence from the Veterans Administration (VA), which determines your eligibility from the VA, it must also indicate the monthly awarded benefit and/or amount.**

Please return to:

**The Confederated Tribes of Grand Ronde
ATTN: Member Services Department
9615 Grand Ronde Road
Grand Ronde, OR 97347**

Memberservices@grandronde.org

Fax #: 503-879-2480

Member Services Staff

| | |
|-----------------------------------|--|
| Date Application Received: | _____ |
| Received by: | _____ |
| Program Eligibility: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Benefit Amount: | _____ |
| Start Date: | _____ |
| Notes: | _____ _____ _____ _____ _____ |