



COWLITZ INDIAN TRIBE

HEALTH & HUMAN SERVICES

March 21, 2024

Dear Cowlitz Tribal Member,

In 2015, the Health Board requested that the Health and Human Services Department reimburse you for fees at local fitness facilities. This was done to provide Cowlitz Tribal Members opportunities to engage in physical activity and derive the health benefits that result from regular physical activity.

To expedite the process of submitting the requested paperwork and repayment process, we have decided to implement the following procedural changes.

1. Proof-of-Payment and Attendance Log will be submitted along with a Reimbursement Request Form, filled to completion, signed, and dated, by the Tribal member.
2. Any discrepancies in documentation will result in paperwork being returned to the Tribal member delaying the process of repayment.

A twelve-month supply of reimbursement request forms will be provided to all participants in the program (if requested).

It is still the responsibility of participants to adhere by the guidelines revised in March of 2024. Those guidelines are as follows:

1. We will reimburse for an initiation fee up to \$100, one time only.
2. We will reimburse for an individual membership up to \$100 per month and a family plan up to \$200 per month. To be eligible for the family plan there must be a minimum of two (2) enrolled Cowlitz members in the plan.
3. Members must exercise in the facility at least eight (8) times per month to remain eligible for reimbursement.
4. Members on the family plan must provide documentation that all Cowlitz members on the plan have exercised eight (8) times during the month. If only one member meets the criteria, we will only reimburse you at the individual rate of \$100.
5. Any month where utilization of the facility falls below the guidelines, the reimbursement will be denied.

Thank you,

Cowlitz Tribal Member Services

MAIL TO: Cowlitz Tribal Member Services
1000 Davis Place DuPont, WA 98327
Phone/Fax: 1-877-COWLITZ (1-877-269-5489)
Email: memberservices@cowlitz.org



Cowlitz Indian Tribe
 1000 Davis PLace
 Dupont, WA 98327
 1-877-Cowlitz (1-877-269-5489)

**Reimbursement Request -
 Cowlitz Tribal Member**

				Grant Code	Project Code
1/1/2024	My Name			1099	50350
		December Initiation Fee	\$138.99		
Total			\$138.99		

I hereby certify that I have met all requirements for Reimbursement under the health program indicated above. Any information falsely or incorrectly reported and results in payment I am not entitled to will be immediately repayable to the tribe.

RECEIPTS AND ATTENDANCE FORMS MUST ACCOMPANY EXPENSE PAYMENT REQUEST

Requested: (Print name) My Name Signature My Name Date 1/1/2024

Approval: _____ Date: _____ Charge Grant _____



Cowlitz Indian Tribe
 1000 Davis Place
 Dupont, WA 98327
 1-877-Cowlitz
 (1-877-269-5489)

Reimbursement Request -Cowlitz Tribal Member

Please Select Direct Deposit or Mailed Check and verify mailing address.

- Direct Deposit
- Mailed Check

Mailing Address:

Date	Member Name	Description	Amount	GL#	Grant Code	Project Code
		Cowlitz Tribal Member Reimbursement for Gym Membership		5525	1099	50350
Total						

I hereby certify that I have met all requirements for Reimbursement under the health program indicated above. Any information falsely or incorrectly reported and results in payment I am not entitled to will be immediately repayable to the tribe.

RECEIPTS AND ATTENDANCE FORMS MUST ACCOMPANY EXPENSE PAYMENT REQUEST

Requested: (Print name) _____ Signature _____ Date _____

Approval: _____ Date: _____ Charge Grant _____