



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 Service

877-Cowlitz | 877-269-5489

Return forms by email to: MemberServices@Cowlitz.org

Return forms by mail to: DuPont, WA.

COWLITZ INDIAN TRIBE HEALTH & HUMAN SERVICES

Vancouver	Longview	Toledo	DuPont	Tukwila
7700 NE 26th Ave. Vancouver, WA 98665	1044 11th Ave. Longview, WA 98632	107 Spencer Rd. Toledo, WA 98591	1000 Davis Place DuPont, WA 98327	15455 65th Ave. S Tukwila, WA 98188



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Gym Reimbursement Request - Cowlitz Tribal Member: Example

Date	Your Name	Month & Description	Amount	GL #	Grant Code	Project Code
01/01/2024	Garfield Doe	December & Initiation fee	\$138.99	5525	1099	50350
		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 entitled to will be immediately repayable to the Tribe.

RECEIPTS AND ATTENDENCE FORMS MUST ACCOMPANY EXPENSE PAYMENT REQUEST

Requested: Print Name: Garfield Doe Signature:  Date: 01/01/2024

Approval: CTMS Staff Date: 1/01/2024 Charge Grant: 1099

Form 100 Updated: Oct.2010 ss Approved JWG, CFO

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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

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) _____ **Signature:** _____ **Date:** _____

Approval: _____ **Date:** _____ **Charge Grant:** _____

Form 100 Updated: Oct. 2010, ss Approved JWG

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