



Dear Cowlitz Tribal Member,

In 2015, the Health Board directed the Health and Human Services Department to provide reimbursement for fees associated with local fitness facilities. This program was established to support Cowlitz Tribal Members in maintaining active lifestyles and improving overall health through regular physical activity.

To ensure timely and efficient processing of reimbursement requests, the following procedures and guidelines have been established.

All reimbursement requests must be submitted by December 31 of the applicable year following the reimbursement period (December–November).

Submission Requirements:

1. A completed, signed, and dated Reimbursement Request Form must be submitted for each request.
2. Proof of payment and an attendance log must be included with each submission.
3. Incomplete, inaccurate, or missing documentation will be returned and may delay reimbursement processing.
4. A twelve-month supply of reimbursement request forms is available upon request.
5. Submission Time frame: Reimbursement requests must be submitted within one (1) calendar year of the original payment date. Expenses submitted beyond one calendar year will not be eligible for reimbursement.

Program Guidelines

1. Initiation Fee

Reimbursement is available for a one-time initiation fee of up to \$100.

2. Monthly Membership Reimbursement

- Individual plans: up to \$100 per month
- Family plans: up to \$200 per month
- Family plans must include at least two (2) enrolled Cowlitz Tribal Members.

3. Minimum Attendance Requirement

Members must attend the fitness facility on at least eight (8) separate days per month to qualify for reimbursement. Multiple visits on the same day will not be counted as additional attendance days.

4. Family Plan Attendance Requirement

At least two enrolled Cowlitz Tribal Members on the family plan must meet the monthly attendance requirement of at least eight visits to qualify for family plan reimbursement amount of \$200. If only one member meets the requirements, reimbursement will be issued at the individual rate of \$100.

5. Non-Qualifying Months

Any month in which the attendance requirement is not met will not be eligible for reimbursement.

6. Eligible Fitness Facilities

Reimbursement is limited to qualifying gym or fitness facilities. A local fitness facility is defined as an indoor or outdoor location that provides equipment, space, and services—such as exercise classes—primarily intended to improve or maintain physical fitness, strength, and conditioning.

877-Cowlitz | 877-269-5489

Thank you,

Return forms by email to:

MemberServices@Cowlitz.org Return forms by mail

Cowlitz Tribal Member Service

to: 1000 Davis Place DuPont, WA 98327

COWLITZ INDIAN TRIBE HEALTH & HUMAN SERVICES

Vancouver

7700 NE 26th Ave.
Vancouver, WA 98665

Longview

1044 11th Ave.
Longview, WA 98632

Toledo

107 Spencer Rd.
Toledo, WA 98591

DuPont

1000 Davis Place
DuPont, WA 98327

Tukwila

15455 65th Ave. S
Tukwila, WA 98188



March 21, 2024

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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Vancouver 7700 NE 26th Ave. Vancouver, WA 98665	Longview 1044 11th Ave. Longview, WA 98632	Toledo 107 Spencer Rd. Toledo, WA 98591	DuPont 1000 Davis Place DuPont, WA 98327	Tukwila 15455 65th Ave. S Tukwila, WA 98188
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March 21, 2024

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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