

# Covid Recovery Program Cash Assistance Application

## General Information

Applicant Name as Appears on Tribal ID \_\_\_\_\_

Enrollment Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Contact Information

Address, City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Best method of contact:

E-mail

Phone

Type assistance applying for: **Cash Assistance**

Are you applying on behalf of a minor child?

Yes

No

If yes, do you have guardianship/custody court order? Yes

No

*If so, you must submit to receive payment*

Amount of assistance requested up to \$2,500.00 \_\_\_\_\_

Please check all boxes in the areas where you have incurred additional expense and/or economic harm due to the COVID pandemic:

Mental Health

Housing Insecurities

Utilities

COVID Positive

Medical

Purchase PPE

Paid Other's Bills

COVID Funeral Expense

Food Insecurities

Insurance

Fuel

Job Loss/Furloughed

Other, Be specific: \_\_\_\_\_

## Required Documents

Please provide membership card with completed application. If filing for minor child please provide guardianship/custody court order with completed application. **Each minor child requires an application.** It is solely up to the participant to ensure all requested items have been received.

## Signatory Consent Member/Parent/Guardian

I \_\_\_\_\_ hereby attest all information within this application is accurate. I certify that I have incurred additional cost and/or economic harm created by the Covid-19 pandemic. I understand that I could be required at a future date to submit documentation to demonstrate that I have incurred additional cost and/or economic harm created by the COVID-19 pandemic. I further understand that submission of this application does not guarantee assistance and is non-binding.

\_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office use only

Master Control Number