



## Spokane Tribe

### COVID-19 Assistance Application Form

The COVID-19 Assistance Program is designed to provide economic assistance to enrolled Tribal members who have experienced financial hardships due to the effects of the COVID-19 pandemic. Funding of this program is in accordance with the federal CARES Act Relief Fund and is non-taxable as a Tribal general welfare assistance program. Please refer to the Tribe's COVID-19 Assistance Program Policy for details on eligibility and use of this assistance. A copy of this policy is available upon request.

DISTRIBUTIONS: For applications received by July 22, 2020 checks will be distributed by U.S. Mail on or about July 23, 2020. For applications received after July 22, 2020 through August 31, 2020, checks will be distributed daily by U.S. Mail. Checks will be mailed to the address listed on your application.

**APPLICATIONS RECEIVED OR POSTMARKED AFTER MIDNIGHT AUGUST 31, 2020 WILL NOT BE PROCESSED.**

Download application from: <https://spokanetribe.com/government/finance/>

Application drop off available in box in front of McCoy Administration Building, Wellpinit, WA.

Email Application to: [caresact@spokanetribe.com](mailto:caresact@spokanetribe.com)

Mail Application to: Spokane Tribal Enrollment Office, P.O. Box 100, Wellpinit, WA 99040.

#### PART 1 – APPLICANT INFORMATION

Applicant Name \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Tribal Enrollment No. \_\_\_\_\_ Social Security No. \_\_\_/\_\_\_/\_\_\_

Contact Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_

(if different than mailing)

State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Additional Tribal members in Household

NAME	Relationship	DOB	Enrollment No.	Soc Sec No.

Any children subject to court order for custody or guardianship?  Yes  No

If yes, attach court orders for custody or guardianship if not on file with the Tribe.



**PART 2 – ECONOMIC NEED**

Between May 1, 2020 and August 31, 2020, I/we have experienced/expect to experience the following (check all that apply) economic impacts caused by the COVID-19 Pandemic:

- Unemployment
- Increased utility costs
- Increased household cleaning costs
- Increased personal care costs for personal protective equipment and other protective measures
- Loss of self-employment/business income
- Housing cost increase, foreclosure, eviction, rent
- Health care costs, unreimbursed prescriptions, supplements, counseling
- Increased costs for isolation or quarantine due to positive test or COVID-19 exposure
- Reduced employment
- Increased food costs
- Increased medical expenses
- Increased costs for telework, looking for work or children’s distance learning
- Transportation costs for medical testing and procedures
- Other unanticipated costs due to COVID-19: List \_\_\_\_\_

**PART 3 – CERTIFICATION**

I/we certify that the funds I/we received from the Tribe shall be used for the economic impacts of COVID-19 for me (and/or my family) that I/we have and are experiencing. I/we certify I/we meet the Tribal member COVID-19 Assistance Program requirements, and the information contained herein is true and correct to the best of my/our knowledge. I/we agree that if I/we do not use these funds in compliance with the Tribe’s COVID-19 Assistance Program, I/we will repay the funds to the Spokane Tribe.

I also certify that I have physical custody and/or legal guardianship for the above-named children.

Applicant Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Other Tribal Member Adult Signature \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**OFFICIAL USE**

Date Received \_\_\_/\_\_\_/\_\_\_ Reviewed by \_\_\_\_\_ Date reviewed \_\_\_/\_\_\_/\_\_\_

Eligible Adults \_\_\_\_\_ Eligible Children \_\_\_\_\_