



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 November 4, 2020 checks will be distributed by U.S. Mail on or about November 18, 2020. For applications received after November 4, 2020 through December 30, 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 DECEMBER 30, 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

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 Minor 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 September 1, 2020 and December 30, 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
- Reduced employment
- Increased food costs
- Increased medical expenses
- Increased costs for telework, looking for work or children’s distance learning
- Loss of self-employment/business income
- Transportation costs for medical testing and procedures
- Housing cost increase, foreclosure, eviction, rent
- Other unanticipated costs due to COVID-19: List _____
- Health care costs, unreimbursed prescriptions, supplements, counseling
- Increased costs for isolation or quarantine due to positive test or COVID-19 exposure

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 ___/___/___

OFFICIAL USE	
Date Received ___/___/___	Reviewed by _____ Date reviewed ___/___/___
Eligible Adults _____	Eligible Children _____