

Spokane Tribe
Tribal Elder Support Service Program Application

The COVID-19 Tribal Elder Support Service Program (“Program”) is designed to provide Support Services to Eligible Tribal Elders who have been, and/or will be, in their homes for extended periods of time due to the ongoing COVID-19 Pandemic and related Stay at Home Orders. This program is operated in accordance with the federal CARES Act and is non-taxable as a Tribal general welfare assistance program. Please refer to the Program for details on eligibility for the Program and use of Support Service assistance.

THE PROGRAM HAS LIMITED SUPPLIES.

SUPPORT SERVICES SHALL BE DISTRIBUTED TO ELIGIBLE TRIBAL ELDERS ON A FIRST COME, FIRST SERVED BASIS.

Applicants may submit their applications in any of the following ways:

- 1) Drop off applications at the TERO Office located in Wellpinit, WA.
- 2) Email completed Application to Kelly.McCrea@Spokanetribe.com or Geraldine.Abrahamson@Spokanetribe.com
- 3) Mail application to: Spokane Tribal TERO Office, P.O. Box 100, Wellpinit, WA 99040

Applicants are encouraged to call [509-258-7100](tel:509-258-7100) with any questions or to request an application.

PART 1 – APPLICANT INFORMATION

Applicant Name			
DOB		Tribal Enrollment #	
Applicant Phone #		Applicant Email	
Mailing Address			
Principal Residence Address			

PART 2 – COVID-19 IMPACTS

The Program is to help Tribal Elders safely remain at their Principal Residence during the COVID-19 Pandemic. due to Stay at Home Orders. The Program defines “Stay at Home Order” as any order which requires a Tribal Elder to spend more time at their Principal Residence and includes, but is not limited to, quarantine orders, isolation orders, stay at home orders, and social distancing requirements.

By signing this Application you certify that you have or are spending more time at your Principal Residence due to the COVID-19 Pandemic and therefore need assistance from this Program.

PART 3 – SUPPORT SERVICES REQUESTED

Please check the box that apply to the Support Services you need for your Principal Residence to respond to or mitigate the impacts of the COVID-19 Pandemic.

<input type="checkbox"/> Generator	<input type="checkbox"/> Radon Supplies
<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Heaters
<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Smoke / CO2 Detectors

How will the requested Support Service assist or benefit you? Please explain below.

PART 4 – CERTIFICATION

I certify that the Support Service I receive from the Program shall be used to respond to or mitigate the impacts of COVID-19 that I have and are experiencing. I certify I meet the COVID-19 Tribal Elder Support Service Program requirements, and the information contained herein is true and correct to the best of my knowledge. I agree that if I do not use this assistance in compliance with the Program, I will repay the funds to the Spokane Tribe. I certify that I have reviewed the Program requirements and agree to abide by all Program requirements.

Applicant Signature _____

Date ____/____/____

OFFICIAL USE

Date Received ____/____/____ Reviewed by _____ Date reviewed ____/____/____

Verified Eligibility _____