EMERGENCY GENERAL ASSISTANCE PROGRAM
CORONAVIRUS RELIEF FUND

NAME: __________________________  PHONE NUMBER: __________________

PHYSICAL ADDRESS: __________________________________________________________

MAILING ADDRESS (IF DIFFERENT): ______________________________________________

ENROLLMENT NUMBER: ___________  BAND: _________________________

If you have been impacted by the COVID-19 Pandemic, please indicate all of the impacts by checking all boxes that apply to your personal situation:

___ Loss of Employment/Temporary Layoff or Furlough
___ Teleworking and related job changes
___ Children being schooled at home/distance learning
___ Difficulty acquiring personal protective equipment
___ Underlying medical condition requires staying home to prevent exposure
___ Over age 50
___ Difficulty accessing healthy foods
___ Difficulty paying rent/mortgage
___ Did not receive federal stimulus funding
___ Contracted COVID-19
___ Came into contact with a person exposed to COVID-19 or who contracted COVID-19
___ House Additional Family member(s) due to COVID-19
___ Disabled
___ Mental illness in the household that requires treatment
___ Other (please explain) ________________________________________________________

By signing below, you certify that you have been impacted by the COVID-19 pandemic and request Emergency General Assistance.

Signature of Tribal Member: ______________________________________________________

Date: __________________________

Document edited & approved:  
June 2, 2020
Please list all enrolled dependents that are 17 years of age and younger that you are applying for assistance below.

(if you have power of attorney for an enrolled tribal member, please list and provide documentation)

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<th>Name</th>
<th>Enrollment Number</th>
<th>Relationship to Applicant</th>
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All Tribal General Welfare Assistance will be mailed.

Please send completed applications via mail, fax or email.