

**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: _____

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)

<u>Name</u>	<u>Enrollment Number</u>	<u>Relationship to Applicant</u>

All Tribal General Welfare Assistance will be mailed.

Please send completed applications via mail, fax or email.