



Tonkawa Tribe of Oklahoma

Covid-19 Tribal Member Assistance Application

*******ROUND 2*******

The Covid-19 Tribal Member 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 Tribal Member Assistance Program for details on eligibility and use of this assistance. A copy of this policy is available upon request. All Tribal members are eligible for a one time assistance amount of \$1,000.00.

DISTRIBUTIONS: Assistance will be mailed within 2 weeks of application approval and will be distributed by U.S. Mail to the last notarized address on file or the change you make and notarize below. **ALL PAYMENTS WILL BE MADE BY PAPER CHECK.**

APPLICATION DEADLINE: Applications must be RECEIVED by December 30, 2020 by 4:30PM CDT.

Application Drop Off:
Henry L. Allen Building
ATTN: CV Clerk
10951 Allen Drive
Tonkawa, OK 74653

Email: covid@tonkawatribe.com
Fax: 580-628-9903
Download: www.tonkawatribe.com

Mail: Tonkawa Tribe of Oklahoma
ATTN: CV Clerk
1 Rush Buffalo Road
Tonkawa, OK 74653

I. APPLICANT INFORMATION

Applicant Name: _____ Tribal Enrollment #: _____

Date of Birth: _____ Last 4 of SSN #: _____

Phone Number: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Is Applicant a Minor: Yes No If "Yes", complete the following:
Print Parent Guardian Name: _____

*** If applicant is a minor information MUST match enrollment files. ***

II. ECONOMIC NEED

Between March 1, 2020 and December 30, 2020, I have experienced/expect to experience the following economic impacts caused by the COVID-19 Pandemic: Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Reduced Employment |
| <input type="checkbox"/> Increased Utility Costs | <input type="checkbox"/> Increased Food Costs |
| <input type="checkbox"/> Increased Household Cleaning Costs | <input type="checkbox"/> Increased Medical Expenses |
| <input type="checkbox"/> Loss of self-employment/business income | <input type="checkbox"/> Housing Cost Increase, Foreclosure, Eviction, Rent |

- Increased Personal Care Costs for Personal Protective Equipment and Other Protective Measures
 - Increased Costs for Isolation or Quarantine Due to Positive Test or COVID-19 Exposure
 - Health Care Costs, Unreimbursed Prescriptions, Supplements, Counseling
 - Other unanticipated costs due to COVID-19: Please List:
-
-
- Increased Costs for Telework, Looking for Work or Children's Distance Learning
 - Transportation Costs for Medical Testing and Procedures

III.CERTIFICATION

I certify that the funds I receive from the Tribe shall be used for the economic impacts of COVID-19 for me, and/or my family. I certify I meet the Covid-19 Tribal Member Assistance 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 these funds in compliance with the Tribe's Covid-19 Tribal Member Assistance Program, I will repay the funds to the Tonkawa Tribe of Oklahoma.

I acknowledge that **if this program** is determined to be outside the parameters of the U. S. Treasury's guidelines, the Tribe **may be liable** to reimburse the Treasury for these assistance payments.

 Applicant Signature Date
** Parent/Guardian MUST Sign for Minor Child **

A Notary public completing this form verifies only the identity of the individual who signed the document, and not the truthfulness, accuracy, or validity of the document.

 Notary Signature Date
 My Commission Expires: _____

Notary Seal

OFFICIAL USE ONLY

Date Received: _____ Received By: _____

Date Reviewed: _____ Reviewed By: _____

Application: Approved Denied Approved By: _____

If Denied, why? _____

Applicant notified by: Mail Email Phone Other: _____

Entered for payment by: _____