

**PETERSBURG INDIAN ASSOCIATION
CARES ACT FOOD ASSISTANCE PROGRAM
APPLICANT'S PIA ENROLLMENT #: _____**

APPLICANT NAME: _____

APPLICANT'S P.O. BOX: _____

APPLICANT'S PHYSICAL ADDRESS: _____

APPLICANT'S PHONE NUMBER: _____

NAME OF EACH HOUSEHOLD MEMBER:

*****Each Native household that has been impacted by COVID-19 is eligible for one (1) food box per distribution.**

*****All Native household members must have an updated PIA tribal card**

Please note: This is not a food voucher program. Participating households will receive a pre-selected box of food put together by PIA. This is not an ongoing program.

To apply for the **CARES ACT FOOD ASSISTANCE PROGRAM**, please answer the following questions by checking the box if the answer is YES.

- I or a household member is currently enrolled with the Petersburg Indian Association and have lived in Petersburg continuously since March 15, 2020.
- I or a tribal household member have been impacted by COVID-19.
- I or a tribal household member continues to be impacted by COVID-19.

(If you are unable to check all the applicable boxes above and certify your answers by signing below, you are not eligible for this program)

If eligible for this program, I would like to receive assistance if another distribution occurs.

YES NO

Please note any food allergies and your preference of milk type (we will do our best to accommodate):

I hereby certify that my answers to the above questions are true and accurate and that the impact I have incurred from COVID-19 qualifies me to receive food assistance through this program.

APPLICANT SIGNATURE

DATE

Please email tribaladmin@piatribal.org or call 907-772-3636 with any questions.