



# KIOWA TRIBE Coronavirus Aid, Relief, and Economic Security (CARES) Act Application

Need only to complete application once for eligibility.

CARES Act Financial Assistance

**THIS IS NOT A PER CAPITA PAYMENT**

Program Eligibility Criteria (Member must meet all of the criteria)

**DEADLINE TO APPLY: DECEMBER 1, 2020**

1. Individual must be an enrolled Kiowa Tribal member.
2. Individual must demonstrate a need for assistance directly related to the COVID-19 pandemic.
3. Eligible Tribal members may receive a payment of \$1,000 due to financial hardship endured from loss of income and increased costs due to COVID-19.
4. CARES Act assistance may be used for the following for economic loss related to COVID-19: cleaning supplies, personal protective equipment (PPE), medical care, food, shelter, health, education, subsistence, housing, elder and disabled care, water, sewer, electricity, propane/gas, emergencies and disaster relief related to COVID-19.

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Kiowa Tribal ID#: \_\_\_\_\_ SSN# Last 4 digits: \_\_\_\_\_ District: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# of enrolled Kiowa children in the home: \_\_\_\_\_

Household Impact Related to COVID-19 Pandemic (Required for all applicants). Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Terminated from Employment   | <input type="checkbox"/> COVID-related quarantine cost  |
| <input type="checkbox"/> Furloughed/Layoff from Employment  | <input type="checkbox"/> Purchase of COVID-related Cleaning or PPE  |
| <input type="checkbox"/> Unemployed at start of pandemic  | <input type="checkbox"/> Difficulty making rent/housing payment(s)  |
| <input type="checkbox"/> Suspension of Medical Insurance  | <input type="checkbox"/> Difficulty making utility payments(s)  |
| <input type="checkbox"/> Reduction in work hours/pay  | <input type="checkbox"/> Increased help and/or medical supplies due to age or medical condition                   |
| <input type="checkbox"/> Daycare expenses for children who would otherwise be in school           | <input type="checkbox"/> Assisting other family members due to decrease in their personal income due to COVID-19. |
| <input type="checkbox"/> Educational supplies needed or Internet services                         | <input type="checkbox"/> Unemployment/Federal Stimulus not received to  |
| <input type="checkbox"/> Children home from school  | <input type="checkbox"/> Homeless/Living with relatives   |
| <input type="checkbox"/> Increased food costs   | <input type="checkbox"/> Other financial hardship (please explain)  |
| <input type="checkbox"/> Relatives living with you  |   |
| <input type="checkbox"/> Underlying medical condition, requiring staying home to prevent exposure |   |

### Release of Information/Disclaimer

As part of CARE Act Assistance Program, I understand the Kiowa Tribe, the Administrators of the Program, staff, and agent(s) may access records to verify enrollment information in my verification form. I also understand that the Program is a general welfare assistance program and not an entitlement and should not be considered income. However, I understand it is my responsibility to determine any impact the emergency relief funds I receive may have on public assistance I currently receive or may receive in the future. I declare and certify that the information and documentation is true and correct. The information in this application is protected, proprietary and confidential.

Signature of Individual: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_