

# Quechan Indian Tribe of the Fort Yuma Indian Reservation

## American Rescue Plan Assistance Program Application

This application is intended for all Quechan enrolled members who have turned 18 years of age after October 30, 2020 and did not receive any of the Assistance Program funding in 2020. Please complete this American Rescue Plan Assistance Program application and return to the Revenue Distribution Department in order to receive your one-time payment. The program is being offered to provide emergency assistance to individuals that have been impacted by the COVID-19 public health emergency. The maximum amount of assistance through this program is a **one-time disbursement** amount of **\$2,500.00**. You are encouraged to attach any documentation you feel supports your claims (***but not absolutely necessary if not applicable***) and submit to The Quechan Revenue Distribution Department no later than **August 31, 2021**.

**For any questions regarding the application, please contact:**

**Kaylee Alonzo, Assistant Tribal Secretary**

**Phone: (760) 919-3600 Ext. 215**

**Email: [assttribalsecretary@quechantribe.com](mailto:assttribalsecretary@quechantribe.com)**

Applications are available online at **[www.quechantribe.com](http://www.quechantribe.com)** or at the kiosk located outside of the Tribal Administration Office. The American Rescue Plan Assistance Program will only be accepting applications until **August 31, 2021**.

### **Basic Information**

**Name:** \_\_\_\_\_ (as appears on your Tribal ID)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Enrollment No.:** \_\_\_\_-\_\_\_\_-\_\_\_\_

### **Mailing Address:**

Street Address (include Apartment or Suite No.) or P.O. Box:

\_\_\_\_\_

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

Check this box if would you like your address to be updated with the Quechan Enrollment Department.

***\*Please ensure your mailing address is accurate, The Quechan Tribe will not be responsible for incorrect mailing addresses.***

**Email Address:** \_\_\_\_\_

### **Household Information:**

How many in your household? \_\_\_\_\_

How many are not enrolled with the Quechan Tribe? \_\_\_\_\_

Do you have any dependents? Yes  No  (under the age of 18 years old)

If yes, please list their name, age, and indicate whether they are an enrolled member of the Quechan Tribe:

(continued on next page)

Name	Age	Enrolled Member of the Quechan Tribe?	Tribal Enrollment No., if applicable
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

**Additional Information**

a. Have you been economically impacted due to COVID-19?

Yes  No

b. Have you had any unforeseen or increased costs in your home due to COVID-19?

Yes  No  If Yes, please explain,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach supporting documentation if applicable.

c. Have you incurred a loss of income due to COVID-19?

Yes  No  If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

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Please attach supporting documentation if applicable.

- d. Have you had any children in your home been affected by school closure due to COVID-19?

Yes  No  If Yes, please explain:

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Please attach any supporting documentation if applicable.

- e. How has COVID-19 impacted your household's ability to provide food, housing, or other needs?

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Please attach any supporting documentation if applicable.

- f. What do you feel is needed in the community during the time of an emergency or pandemic such as the COVID-19 public health emergency.

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**Assistance Usage:**

This assistance is intended for response to the COVID-19 public health emergency; please check the boxes of types of resources for which you will use the assistance funds:

- Food
- Personal Hygiene Products
- Education Supplies for Children out of school
- Cleaning Supplies
- Utility/Heat
- Rent/Mortgage
- Other

**\*Please note: You do not need to provide any documentation for purchases or payments after you have received the assistance check.**

**I \_\_\_\_\_ hereby certify that the above information is true and correct and, if requested by the Quechan Indian Tribe of the Fort Yuma Indian Reservation, can provide additional documentation in support of this information. I also certify these relief funds will be used in response to COVID-19 relief expenditures.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

For Department Use Only	
Date Received: ____/____/____	Date Processed: ____/____/____
Enrollment No. Confirmed:    Yes    No	Processed By: _____
Amount approved: _____	Check Number: _____

