

Quechan Indian Tribe of the Fort Yuma Indian Reservation

Individual and Family COVID-19 Emergency Assistance Program Application

This application is intended for individuals and families seeking emergency assistance through the Quechan Tribe's Individual and Family COVID-19 Assistance Program. The program is being offered to provide emergency assistance to individuals and families that have been impacted by the COVID-19 public health emergency. The maximum amount of assistance that may be received through this program is a one-time assistance amount of **\$2,135.99** for Quechan enrolled members over 18 years of age. Please complete the following application, and attach any documentation you feel supports your claims (***it is strongly encouraged but not absolutely necessary if not applicable***) and submit to The Quechan Tribal Administration by **October 30, 2020**. All applicants must be 18 years of on the date of their application submission; any persons not 18 years of age by ***the deadline date*** will not be eligible to apply for the assistance.

Basic Information

Name: _____ (as appears on your Tribal ID)

Date of Birth: ____/____/____

Enrollment No.: ____ - ____ - ____

Phone Number: (____) ____ - _____ Home Cell

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"/>	_____
		<input type="checkbox"/>	

Yes No

Additional Information

***Please note: The COVID-19 impact will be considered as March 27, 2020, per the Tribal Council’s State of Emergency Declaration, as well as the same date of the enactment of the CARES Act by the U.S. Treasury. If you have been impacted prior to this date, please attach a copy of any documentation that supports your claim.**

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:

Please attach supporting documentation if applicable. **(continued on next page)**

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

Yes No If Yes, please explain:

Please attach any supporting documentation if applicable.

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

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.

(continued on next page)

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: _____