

**FORT PECK TRIBES CARES ACT/COVID 19
EMERGENCY RELIEF ASSISTANCE-2ND PAYMENT**

Applicants Name 1(please print & same applicant that received check): _____

Fort Peck Tribes Enrollment #: _____ D.O. B.: _____

Co-Applicants Name 2(please print & same applicant that received check): _____

Fort Peck Tribes Enrollment #: _____ D.O. B.: _____

Child 1 _____ Fort Peck Tribes Enrollment #: _____ D.O.B. _____

Child 2 _____ Fort Peck Tribes Enrollment #: _____ D.O.B. _____

Child 3 _____ Fort Peck Tribes Enrollment #: _____ D.O.B. _____

Child 4 _____ Fort Peck Tribes Enrollment #: _____ D.O.B. _____

Child 5 _____ Fort Peck Tribes Enrollment #: _____ D.O.B. _____

Child 6 _____ Fort Peck Tribes Enrollment #: _____ D.O.B. _____

Child 7 _____ Fort Peck Tribes Enrollment #: _____ D.O.B. _____

Child 8 _____ Fort Peck Tribes Enrollment #: _____ D.O.B. _____

Child 9 _____ Fort Peck Tribes Enrollment #: _____ D.O.B. _____

Child 10 _____ Fort Peck Tribes Enrollment #: _____ D.O.B. _____

Child 11 _____ Fort Peck Tribes Enrollment #: _____ D.O.B. _____

Child 12 _____ Fort Peck Tribes Enrollment #: _____ D.O.B. _____

Mailing Address: _____ City/State: _____ Zip: _____

Phone # _____

*Any changes to mailing address from previous Covid-19 payment? Yes _____ No _____

**Do you still need financial help due to Covid-19? Yes _____ No _____

Signature of Applicant: _____ Signature of Co-Applicant: _____

Date: _____

For office use only:

Signature of certifier: _____ Date: _____