

Mailing Address: Fort Peck Tribes, ATTN: ARPA P.O Box 1027 Poplar, MT 59255

**HOUSEHOLD
FINANCIAL
ASSISTANCE: 0-2
YEARS OLD**



Per resolution #31-1315-2022-12 the Fort Peck Tribal Executive Board approved a one-time incentive in the amount of \$400 to parents/guardians with infants to assist with offsetting the increased negative economic impacts related to the COVID-19 global pandemic. To be eligible, the child must be a fully enrolled member, ages 0 to 2-years old, as of December 22, 2022, and born prior to August 15, 2022. Please write legibly, and understand that if your application is incomplete, it will not be approved. Incentives will be mailed so please use an address that benefits you.

Child's Name: _____

Enrollment #: _____ (we can help find enrollment #'s, just give us a call)

Date of Birth: _____ (applicant must be 0-2 years at the time the Resolution was passed, which was December 22, 2022, and the child must have been born prior to August 15, 2022.)

Parent's/Legal Guardian's Name (please print):

Maiden/Alias Name: _____

Mailing Address: _____

City/State: _____ **Zip:** _____

Phone number: _____

(Please use a phone number that benefits you, so that if we have any questions we are able to contact you)

For questions please call 768-2466

Email; syoungman@fortpecktribes.net

rmacdonald@fortpecktribes.net

Mailing Address: Fort Peck Tribes, ATTN: ARPA P.O Box 1027 Poplar, MT 59255

****Please initial beside the below statement, as well as sign application, and attach custody/guardianship order, if it pertains to you. APPLICATION WILL NOT BE APPROVED IF THERE IS NO INITIAL**

I hereby verify that I am the custodial parent/legal guardian of the minor listed above, who is in my custody and care. Initial here _____

Hardship

A. My minor child and I have experienced negative economic impacts as a result of the COVID-19 global pandemic (check any that apply).

<input type="checkbox"/>	My minor child and I have experienced income, food, or housing insecurity due to the pandemic.
<input type="checkbox"/>	My minor child and I have experienced other economic impacts due to the global pandemic such as extra costs, childcare, increased healthcare, lost income, etc.,.

***at least one hardship declaration should be checked for approval**

B. By signing below I certify that I am the parent/guardian of the above named enrolled member experiencing financial hardships as a result of the COVID-19 global pandemic.

Signature: _____

Date: _____

*****Please return one form per minor child with necessary documents to Fort Peck Tribes - ATTN: ARPA Relief Assistance P.O. Box 1027 Poplar, MT 59255. Faxes will not be accepted. Allow up to two to four weeks to process once finance receives your form! You can also fill out the application online at www.Fortpecktribes.org.**