



FAMILY ECONOMIC RELIEF ASSISTANCE

Pertaining to Resolution #32-814-2024-08, the Fort Peck Tribal Executive Board approved a one-time incentive in the amount of \$400 to all ENROLLED members ages 3yrs-18yrs old. To be eligible you must be a FULLY enrolled Tribal Member, ages 3-18 at the time of the Resolution being passed. This incentive is to assist with negative economic impacts related to the COVID-19 global pandemic and is not meant to be any form of per capita payment. Please write legible, and understand that if your application is incomplete, it will NOT BE APPROVED.

****if you are 18 years old, only fill out the applicant part, no parent/legal guardian is needed***

Applicant (minor): _____

DOB: _____

Enroll #: 206-U _____

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

FOR OFFICE USE ONLY:

Date Rec'd: _____

Approved by: _____

Maiden/Alias: _____ Phone: _____

HARDSHIP DECLARATION

Current mailing address:

Please check any boxes below if you have experienced negative economic impacts (*incomplete if left blank)

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

Please include city, state, apt# (if applicable), and zip

****some areas in certain towns/cities may not mail to physical addresses, please use an address that can be forwarded**

CERTIFICATION:

I hereby certify that the information I have provided in this application is accurate and true in all material respects, and I understand that knowingly making a false statement to obtain economic assistance from the Family Economic Relief Assistance program is punishable under the law. By signing below, I also 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. ***Please attach any necessary documentation, such as custody/guardianship orders (if you have not already) to the enrollment department and a copy to this application.***

Print name: _____

Signature: _____ Date: _____

ACKNOWLEDGMENT:

Applications will be made available August 7th, 2024 at Tribal building, and designated places in each community. It will also be available on the fortpecktribes.org website. Please do not call to check the status of your incentive as it will create delays in the process. We will call you if we have any questions. The ARPA staff will work continuously on getting as many incentives out each day, so please allow up to 2-3 weeks to process once the Tribes receives your application. Also, once the incentive is sent out we do not have any control over how fast the post office will deliver your mail. **WE WILL NOT ACCEPT ANY FAXED APPLICATIONS.** The deadline for this application will be **November 15th, 2024.**

Initial here acknowledging that you have read the application: _____

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

Incomplete if not initialed

Read each section completely and write legibly. Please return one form per person to:

Fort Peck Tribes

For questions please contact, Samantha Youngman

ATTN: ARPA

406-768-2466

PO Box 1027

Email: syoungman@fortpecktribes.net

Poplar, MT 59255

Date Check Mailed: _____ Signature of Certifier: _____