



Enrollment
Verification:
_____Initials
_____Date

COVID-19 Direct Emergency Relief Assistance APPLICATION
Bad River Tribal Members
CARES Act Program Verification

Verification must be complete to be considered for processing.
All members who wish to opt out of this Program do not need to fill out this form.

Program Eligibility Criteria (Member must meet all the following criteria):

1. Individual must be an enrolled Bad River Tribal member age 18 or older as of September 30, 2020. Copy of Tribal ID, Enrollment ID number or Enrollment Certificate is required.
2. Individual must demonstrate a need for assistance directly related to the COVID-19 pandemic.
3. Individual must certify that COVID-19 related expenses for which the funds are used occurred between March 1, 2020 and December 30, 2020
4. Individual must show proof of residency, ie: Mail, utility bill, photo copy of tribal ID or driver license
5. Eligible Tribal members 18 and over may receive a one-time payment of \$600.

Name: _____ Maiden: _____
(First) (Middle Initial) (Last)

DOB: _____ Tribal ID #: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from Physical): _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: (____) _____

Household Impact Directly Related to COVID-19 Pandemic (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Increased food cost | <input type="checkbox"/> Purchase of COVID-related cleaning or Personal Protective Equipment (“PPE”) |
| <input type="checkbox"/> Terminated from Employment | <input type="checkbox"/> Educational supplies needed or internet Services |
| <input type="checkbox"/> Furloughed from Employment | <input type="checkbox"/> Children home from school |
| <input type="checkbox"/> Unemployed at start of pandemic | <input type="checkbox"/> Online job training or retraining |
| <input type="checkbox"/> Suspension of Medical Insurance or required premiums payment upon rehire | <input type="checkbox"/> Childcare expenses for children who would otherwise be in school |
| <input type="checkbox"/> Member owned business closed or run at diminished capacity | <input type="checkbox"/> Difficulty making rent/housing payments |
| <input type="checkbox"/> COVID-related quarantine costs | |

- Increased help and/or medical supplies due to age or medical condition**
- Other: Please explain in the box below**

Release of Information/Disclaimer

As part of this Emergency CARES Act Tribal Member Relief Program, I understand the Bad River Tribal Administrator(s) of the Program, Bad River staff and agent(s) may access records to verify Bad River tribal enrollment information in my verification form. I also understand that the Program is a general welfare assistance program and not an entitlement and should not be considered income. I certify that the information on this application is true and factual to the best of my knowledge. I understand that I may be asked to provide proof of any information given on this application. I understand and authorize the Bad River Tribe to contact other persons or agencies to obtain the necessary proof of my eligibility for this application. I understand the information needed is to determine my eligibility for Emergency CARES Act Tribal Member Relief Program.

Signature of Individual: _____

Printed Name: _____

Date: _____

For help with the application or any questions, you can call 715-685-7875 and leave a message or email your question to BRCARES@BadRiver-nsn.gov.

Note: The CARES Act requires that payments from the Fund may only be used to cover costs that—

- 1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);*
- 2. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and*
- 3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.*

Any distribution to tribal members must meet the above criteria. Verification of tribal enrollment and determination of need will be made through this application.