

**OGLALA SIOUX TRIBE
COVID-19 HOUSEHOLD ECONOMIC ASSISTANCE PROGRAM**

The Oglala Sioux Tribe COVID-19 Household Economic Assistance Program provides assistance to eligible tribal members whose households have been negatively impacted by the COVID-19 public health emergency and its economic consequences. This Program is funded by the American Rescue Plan (ARP) Act's Coronavirus State and Local Fiscal Recovery Fund (FRF). Funding is limited and assistance is subject to the availability of funds. Payments under this program are disbursed pursuant to the Tribe's General Welfare Program.

The Tribe will take steps to keep this application confidential, but the Tribe may be required to provide a copy of this application to the U.S. Treasury Department to demonstrate compliance with the ARP, FRF, and applicable regulations and guidelines. In addition, the Tribe may use aggregated statistical data for the purposes of advocating for additional federal, state, and other funding and services for the Tribe and its members.

APPLICATION AND CERTIFICATION FORM FOR MINOR OR DEPENDENT TRIBAL MEMBERS

APPLICANT INFORMATION

1. Name of Person Applying for Minor or Dependent _____
2. Physical Address _____

3. Mailing Address _____

4. Telephone Number _____
5. Email Address _____
6. Do you reside on the Pine Ridge Indian Reservation? _____ Yes No

Note: If your answer to question 6 is "No," you may skip questions 7 and 8 and go to question 9.

7. Tribal District _____
8. Tribal Community (if known) _____

MINOR OR OTHER DEPENDENT INFORMATION

- 9. Name of Minor or Dependent _____
Enter the full name as it appears in the Oglala Sioux Tribe Enrollment Records.
- 10. Oglala Sioux Tribe Enrollment Number of Minor or Dependent _____
- 11. Date of Birth of Minor or Dependent _____

RELATIONSHIP OF APPLICANT TO MINOR OR OTHER DEPENDENT

- 12. Relationship of applicant to the minor or dependent tribal member (Check whichever applies)
 - ___ Legal, Custodial Parent
 - ___ Legal Guardian
 - ___ Legal Conservator
 - ___ Other (specify): _____
- 13. Please initial next to each statement to verify that you have read it and that it is true and correct.
All statements must be initialed for an application to be accepted.
 - ___ The minor or other dependent is an enrolled member of the Tribe
 - ___ The minor or other dependent currently lives in the household of the applicant
 - ___ The minor or other dependent has lived in the household of applicant for at least 60 days
 - ___ The applicant is the legal custodian, legal guardian, or legal conservator of the minor or other dependent
 - ___ The applicant is the primary caregiver for the minor or other dependent
 - ___ No other person can claim that he or she is the legal custodian, legal guardian, legal conservator, or primary caregiver of the minor or other dependent
 - ___ The funds received will be used solely for the benefit of the minor or other dependent.

The applicant must submit documentation to verify all facts in question 13.

INCOME INFORMATION

14. Was applicant's adjusted gross income in 2020 equal to or less than \$112,500 for a head of household, or \$150,000 for a married couple (combined income of both spouses)?
- _____ Yes No _____

Note: If your answer to question 14 is "No," you must provide the information and documentation requested in question 19.

15. Was the total household adjusted gross income in 2020 equal to or less than the amounts in the tables below, based on the total number of persons living in the household?
- _____ Yes No _____

Number of Persons in Household							
1	2	3	4	5	6	7	8
\$63,420	\$72,480	\$81,540	\$90,600	\$97,848	\$105,096	\$112,344	\$119,592

Number of Persons in Household							
9	10	11	12	13	14	15	16
\$126,840	\$134,088	\$141,336	\$148,584	\$155,832	\$163,080	\$170,328	\$177,576

16. Does the minor or dependent or any other person in their household currently receive assistance from any of the following programs? (Check each and every line that applies.)

- _____ Bureau of Indian Affairs Direct Assistance Program, also known as Financial Assistance and Social Services (FASS) (Examples include General Assistance, Child Assistance, Non-Medical Institutional or Custodial Care of Adults, Emergency Assistance)
- _____ Food Distribution Program on Indian Reservations (FDPIR)
- _____ Supplemental Nutrition Assistance Program (SNAP), also known as Food Stamps
- _____ Special Supplemental Food Program for Women, Infants, and Children (WIC)
- _____ Child Nutrition Programs (Examples include National School Lunch Program, School Breakfast Program, Special Milk Program, Child and Adult Care Food Program, etc.)
- _____ Medicaid
- _____ Children's Health Insurance Program (CHIP)
- _____ Subsidized Housing (Examples include Indian Housing administered by an Indian Housing Agency, such as Oglala Sioux (Lakota) Housing, Public Housing administered by a Public Housing Agency, Project-Based Section 8 Rental Assistance Housing, Housing Choice Voucher Program, Low-Income Housing Tax Credit Program, etc.)

- Low-Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income Program (SSI)
- Temporary Assistance to Needy Families (TANF)
- Head Start
- Earned Income Tax Credit (EITC)
- Federal Pell Grant Program

ECONOMIC HARM

17. Please state each and every reason why you are requesting household economic assistance for the minor or dependent. (Check every line that applies.)

- Increased household expenses due to the COVID-19 public health emergency (Examples include, but are not limited to: increased housing expenses to comply with public health measures, like shelter-in-place and self-quarantine, including increased rent, mortgage, or utility expenses and increased expenses for home repairs and weatherization; increased grocery or food delivery expenses; increased expenses due to sanitizing and personal protective equipment needs; increased child care expenses; increased expenses related to remote learning and telework; increased costs associated with caring for household members with COVID-19; increased costs associated with additional persons living in household due to the pandemic; and burial expenses for COVID-19-related deaths, etc.)
- Decreased household income due to the COVID-19 public health emergency
- Persons in household over age 18 have experienced unemployment during the COVID-19 public health emergency
- Increased food insecurity during the COVID-19 public health emergency, including lack of consistent access to enough food for an active, healthy life
- Increased housing insecurity during the COVID-19 public health emergency, such as high housing costs relative to income, poor housing quality, poor housing and neighborhood safety, overcrowding, loss of housing, and homelessness
- Persons in household are surviving spouses or dependents of persons who have passed away due to COVID-19
- Other economic hardship due to the COVID-19 public health emergency

ADDITIONAL CERTIFICATIONS

18. The applicant certifies in good faith, subject to pains and penalties of perjury and other punishments under the law, that all previous statements are true and correct, and that the following statements are true and correct by *initialing next to each and every line*:

___ The minor or other dependent needs economic assistance due to the negative economic impacts from the COVID-19 public health emergency and such negative economic impacts are in an amount of at least \$2,000

___ The minor or other dependent's claim of negative economic impacts from the COVID-19 public health emergency is not based on, and assistance will not be used for, any expense that has been or will be reimbursed under any federal program, any other Tribal program, or insurance

___ The applicant has and will retain for a minimum of five (5) years a copy of all evidence needed to support the minor or other dependent's claim of negative economic impacts from the COVID-19 public health emergency attested to in the application and will furnish a copy of such evidence to the Tribe upon demand, provided that any applicant whose adjusted gross income is more than \$112,500 for a head of household, or \$150,000 for a married couple will be required to furnish such evidence together with the application. *See question 19.*

___ Assistance will be expended only to address needs arising from the COVID-19 public health emergency and its negative economic impacts on the minor or other dependent's household

___ The applicant understands that while this Program is structured with the intent that the assistance be non-taxable to Tribal Members under the Tribal General Welfare Exclusion Act and IRS Revenue Procedure 2014-35, if the Internal Revenue Service deems the assistance taxable, then the Tribal Member and not the Tribe shall be responsible for any taxes, interest, and penalties

___ Nothing in this COVID-19 Household Economic Assistance Program shall create any obligation legally enforceable against the Tribe or waive the sovereign immunity of the Tribe or any of its agents or employees

___ The information contained in the application and certification form is true and accurate in all material respects, and the applicant understands that knowingly making a false statement to obtain economic assistance from the COVID-19 Household Economic Assistance Program is punishable under the law

DOCUMENTATION OF ECONOMIC HARM

19. If your adjusted gross income is more than \$75,000 for a single person, \$112,500 for a head of household, or \$150,000 for a married couple (combined income of both spouses), you are required to submit, together with this application, sufficient information and documentation to

verify your claim of negative economic impacts resulting from the COVID-19 public health emergency in at least the amount of \$2,000.

Is the required additional information and documentation attached to this application? Yes No

Note: You must answer question 19 and provide the required information and documentation if your answer to question 14 is “No.”

ADDITIONAL SURVEY QUESTIONS

All applicants must answer the following “Additional Survey Questions.” Your answers to these questions will not affect your eligibility for assistance under this program.

20. Has the minor or dependent been vaccinated for COVID-19? Yes No

If the answer to question 20 is “Yes,” you may skip questions 21 and 22 and go to question 23.

21. Do you intend to get the minor or dependent vaccinated for COVID-19? Yes No

If your answer to question 21 is “Yes,” you may skip question 22 and go to question 23.

22. If you do not intend to get the minor or dependent vaccinated for COVID-19, which of the following describes your reason or reasons for not getting him or her vaccinated? (Check all that apply.)

Medical reason

Religious reason

Too young

Other reason

23. Is the dependent a military veteran? Yes No

24. How many people are currently living in your household? _____

25. Does your household have hot and cold running water? Yes No

26. Does your household have heat? Yes No

27. Does your household have broadband (high speed) Internet, such as cable, fiber optic, or DSL service installed in the house? Yes No

