



Blackfeet Tribe COVID 19 Supportive Service Assistance Application Form

Application Submittal

Contact: (406) 845-8796 or 845-8792 or 845-8778 or 845-2581 or 450-4809

Download Application: <https://blackfeetnation.com>
 Pickup Application: Blackfeet Manpower & Satellite Offices/ Processing Site Glacier Peaks Casino/Glacier Family Foods

Email Application to: BMPCOVID19@GMAIL.COM
 Application Drop Off: Blackfeet Manpower Drop Box Out Front or Drop Box Glacier Peaks Casino Processing Site/Glacier Family Foods Drop Box
 Fax To: (406) 338-5339
 Mail Application to: Blackfeet Manpower COVID 19 PO Box 1090, Browning, Mt.59417

(Please call the contact numbers listed above if you are elderly or disabled and need an application delivered or mailed to you, or for any questions filling out the application) PLEASE ALLOW 3 TO 4 WEEKS FOR PROCESSING

The purpose of the Blackfeet Tribal Supportive Service Program is to provide a one-time payment of \$500

in economic assistance to enrolled Tribal members who have experienced financial hardships due to the COVID-19 pandemic. Funding of this program is in accordance with the federal CARES Act Relief Fund and is non-taxable as a Tribal financial assistance program. If you or your family have been financially impacted by the COVID-19 pandemic, please fill-out and submit this application. ***Each impacted Blackfeet Tribal Member must file the application including their household members that they have legal custody of. RELIEF FUNDS ONLY AVAILABLE UNTIL DECEMBER 16, 2020 (CHECKS MUST BE CASHED BY DECEMBER 30, 2020)***

Applicant Information

Applicant Name (print): _____

Email: _____ Phone No.: (____) _____ - _____

DOB: ____/____/____ Tribal Enrollment No. (required to receive assistance): _____

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

Do you want this to be your address on your enrollment file? Yes No

CHECK ONE

MAIL CHECK TO ADDRESS ON APPLICATION ___ PICK CHECK UP FROM DISBURSEMENT SITE ___
Blackfeet Tribal Household Members 17 years of Age or Younger not Previously Applied For

First and Last Name (printed)	Relationship	DOB	Enrollment No. (REQUIRED)

Any children subject to court order for custody or guardianship? Yes No

If yes, **attach court orders for custody or guardianship** if not on file with the Tribe





Financial Need

Between March 1, 2020 and December 31, 2020, I/we have experienced/expect to experience the following **(YOU MUST CHECK AT LEAST ONE)** economic impacts caused by the COVID-19 Pandemic:

- Unemployment
- Increased utility costs
- Increased household cleaning costs
- Increased personal care costs for personal protective equipment and other protective measures
- Loss of self-employment/business income
- Housing cost increase, foreclosure, eviction, rent
- Health care costs, unreimbursed prescriptions, supplements, counseling, mental health.
- Increased costs for isolation or quarantine due to positive test or COVID-19 exposure
- Reduced employment
- Increased food costs
- Increased medical expenses
- Increased costs for telework, looking for work or children's distance learning
- Transportation costs for medical testing and procedures
- Other unanticipated costs due to COVID-19 (Please list):

Certification

- I/we certify that the information contained herein is true and correct to the best of my/our knowledge.
- I/we certify that these CARES Act funds I/we received from the Tribes shall be used for the economic impacts of COVID-19 for me (and/or my family) that I/we have and are experiencing.
- I also certify that I have physical custody and/or legal guardianship for the above-named children or dependents.

Applicant Signature: _____ Date: ___/___/___

APPLICATION WILL BE RETURNED TO APPLICANT IF NOT FILLED OUT COMPLETELY

OFFICIAL USE (Do not Fill-In) Eligible Tribal Members: _____ Date Received: ___/___/___
Amount Eligible for: \$_____

REVIEWD BY BMP _____ **DATE** _____ **REVIEWED BY ENROLLMENT** _____ **DATE:** _____
REVIEWED BY FINANCE: _____ **DATE:** _____