

ARPA—American Rescue Plan Act

ARPA ASSISTANCE APPLICATION **17 AND UNDER**

Cheyenne and Arapaho Tribes • HOPE Program • P.O. Box 153 • Concho, OK 73022

Phone: (405) 422-7581 or (405) 422-7675 • Fax: (405) 422-8246

Email: cares_arpa2021@cheyenneandarapaho-nsn.gov

Cheyenne and Arapaho tribal members **17 YEARS OF AGE AND UNDER** are eligible for this one-time assistance, based on need. **DEADLINE TO SUBMIT APPLICATION IS NOVEMBER 30, 2021.** Checks will be made out to the child, c/o the parent(s)/legal guardian as listed in the Department of Enrollment. Checks will not be MAILED until December 10, 2021—no exceptions.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED—PLEASE COMPLETE APPLICATION IN ITS ENTIRETY

Name of Child _____ Date of Birth _____

Parent/Legal Guardian _____ Parent/Guardian DOB _____

Cheyenne and Arapaho Tribal Roll Number of Child _____ Child's SS# (last four digits) _____

Parent/Guardian Phone _____ Parent/Guardian Alternate Phone _____

MAILING Address _____

City _____ State _____ Zip _____

What is the COVID-19 related need of the minor child? Please check all that apply.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Purchase of PPE | <input type="checkbox"/> Mental Health Care | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Indoor Play Activities |
| <input type="checkbox"/> Outdoor Play Activities | <input type="checkbox"/> Restorative Activities | <input type="checkbox"/> Food and Snacks | <input type="checkbox"/> Internet Access |
| <input type="checkbox"/> Other (please be specific) _____ | | | |

Please choose the amount of assistance that would best suit the child's current needs. \$75.00 \$100.00 \$200.00

By my signature below, I attest that the information provided above is true and correct and that I am the parent/legal guardian of the enrolled member of the Cheyenne and Arapaho Tribes. I understand that if I purposely falsify this document in order to receive funds, I will jeopardize future services with the Cheyenne and Arapaho Tribes and/or the HOPE Program. I understand this is not a per capita or stimulus payment and is limited upon certification of my specified financial need. I understand that this assistance is provided under HOPE, the Cheyenne and Arapaho Tribes' Indian general welfare benefit program, and will not be subject to federal income tax.

Parent/Legal Guardian Signature

Date

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS SPACE

Date App Received _____ **Amount Approved** \$75.00 \$150.00 \$200.00

Caseworker Initials _____