

CARES--Coronavirus Aid, Relief, and Economic Security Act  
**CARES ASSISTANCE APPLICATION 18 AND OVER**

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

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Cheyenne and Arapaho tribal members **18 YEARS OF AGE AND OLDER** are eligible for this one-time assistance, based on need. DEADLINE TO SUBMIT APPLICATION IS **NOVEMBER 30, 2021**. Checks will not be MAILED until December 10, 2021—no exceptions.

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

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cheyenne and Arapaho Tribal Roll Number \_\_\_\_\_ SS# (last four digits) \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**MAILING** Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Have you experienced a loss of income or had any unforeseen emergency financial cost during the COVID-19 pandemic?**

YES  NO

**What is your COVID-19 related need?** Please check all that apply.

- Housing—Rent/Mortgage  Car Payment  Utilities  Medication  Gasoline  Mental Health Care  
 Medical Equipment  Food  Household Items  Firewood  Employment  Student Loan  
 Child Care  Education  Purchase of PPE  Insurance  Clothing  Child Support  
 Other (please be specific) \_\_\_\_\_

**Please choose the amount of assistance that would best suit your current needs.**  \$100.00  \$200.00  \$500.00

By my signature below, I attest that the information provided above is true and correct and that I am an 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.

\_\_\_\_\_  
Tribal Member Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS SPACE**

Date App Received \_\_\_\_\_ **Amount Approved**  \$100.00  \$200.00  \$500.00

Caseworker Initials \_\_\_\_\_