Cheyenne and Arapaho tribal members **between the ages of 18 to 54** are eligible for this one-time assistance, based on need. **DEADLINE TO SUBMIT APPLICATION IS NOVEMBER 13, 2020. Checks will be MAILED—no exceptions.**

**COVID-19 THANKSGIVING RELIEF ASSISTANCE APPLICATION**

Cheyenne and Arapaho Tribes • HOPE Program • P.O. Box 167 • Concho, OK 73022
Phone: (405) 422-7474 or (405) 422-7475 • Fax: (405) 422-8246
Email: COVIDTHANKSGIVING@cheyenneandarapaho-nsn.gov

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.

☐ $50.00 ☐ $75.00 ☐ $100.00

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 ☐ $50.00 ☐ $75.00 ☐ $100.00

Caseworker Initials ________________________________