

** Exception **

SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS
COVID-19 RESCUE ACT MEMBERSHIP ASSISTANCE PROGRAM APPLICATION

DEADLINE FOR APPLICATION SUBMITTAL FOR TRIBAL ADULTS – SEPTEMBER 30, 2021
DEADLINE FOR APPLICATION SUBMITTAL FOR TRIBAL MINORS (UNDER THE AGE OF 18) – DECEMBER 31, 2021

NOTE: EACH TRIBAL MEMBER MUST APPLY EITHER ELECTRONICALLY (AT WWW.SAULTTRIBE.COM) OR BY MAIL, NOT BOTH

FOR PAPER APPLICATIONS, PLEASE WRITE LEGIBLY. FAILURE TO DO SO MAY RESULT IN DELAY OF PROCESSING.

CHECK ONLY ONE BOX:

I am a Tribal member applying for a grant for myself.

~~I am applying for a grant for my Tribal child who is under the age of 18.~~

~~Note: If you are applying for a grant for your Tribal child and have shared custody of the child, you must also submit legal documentation indicating that you have legal custody of your child. Only one parent of the child may apply for a grant for that child.~~

I am applying for a grant for a Tribal member to whom I have Power of Attorney and/or Legal Guardianship.

Note: You must submit legal documentation indicating that you have Power of Attorney and/or Legal Guardianship over the Tribal member you are applying for.

NAME OF MEMBER FOR THIS APPLICATION: _____

MAILING ADDRESS: _____

CITY & STATE: _____ ZIP CODE: _____

DOB: ___/___/___ Tribal File No. (Red number on Tribal ID Card): _____

TELEPHONE: (____) ____ - _____

COVID-19 Economic Impact Statement (Must check at least one):

Please mark any negative economic impact you have suffered as a result of the COVID-19 public health emergency:

<input type="checkbox"/> Loss of income	<input type="checkbox"/> Home schooling supplies	<input type="checkbox"/> Increased food costs
<input type="checkbox"/> Increased childcare costs	<input type="checkbox"/> Cost to self-quarantine (i.e. delivery costs)	<input type="checkbox"/> Housing insecurity
<input type="checkbox"/> Increased medical or sanitation costs (i.e. masks, sanitizers, cleaners, air purifier)	<input type="checkbox"/> Home office supplies (i.e. desk, chair, web camera)	<input type="checkbox"/> Other: _____ (Please specify)

I hereby certify that all information contained herein is true and correct. I agree that assistance provided in connection with this application is to be exclusively used to meet necessary expenses arising from the COVID-19 related negative economic impact indicated above. I acknowledge that receipt of assistance under this Program may affect relief under other existing state or federal programs but shall not disqualify me for means tested tribal assistance programs.

SIGNATURE: _____ DATE: _____

(Parent or Legal Guardian must sign for children under the age of 18)

Mail Back To: Sault Tribe Enrollment,
PO Box 1628
Sault Ste. Marie, MI 49783

or
Email Back To: isalo@saulttribe.net