



Narragansett Indian Tribe

1-401-364-1100 1-800-287-4225

Fax (401) 364-1104

TDD - 711

Dear COVID-19 Applicant:

The purpose of this program is to provide services to those who have been directly affected by the COVID-19 pandemic beginning in March of 2020; in the following areas:

- Lay-Off due to business shut down
- Loss of work due to contracting the COVID-19 virus
- Loss of work due to being exposed to the virus and mandated to quarantine
- Unable to work or a reduction in work hours due to providing distance learning schooling for your children
- Other (please attach a written statement)

You must return all applicable supporting documentation relating to your request dated from March 2020 or thereafter; such as:

- Lay-Off letter from employer
- Unemployment verification (proof you have applied)
- Proof of reduction in work hours (pre-emergency and post emergency pay stubs)
- Statement from employer regarding reduced work hours
- If requesting assistance for medical costs or co-pays, please provide copy of bills showing COVID-19 related
- Childcare expenses due to COVID-19; provide invoice/bill from provider
- Copy of rental agreement/lease (signed by the applicant and landlord)
- Copy of mortgage statement
- Business closure (proof that you own the business with attached recent tax returns on the business).

If you have questions regarding this application, please feel free to contact Beth A. Thomas, COVID-19 Team Member at (401) 364-1100 ext. 206.

Sincerely,

COVID-19 TEAM

P.O. Box 1354 • 4533 South County Trail • Charlestown • Rhode Island 02813

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