



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 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 or isolate
- Unable to work or a reduction in work hours due to providing distance learning schooling for your children (i.e., school closure, medical)
- Other (please attach a written statement with supporting documentation)

You must return all applicable supporting documentation relating to your request within the timeframe of impact such as:

- Copy of Narragansett Indian Tribal Enrollment
- Lay-Off letter from employer
- Unemployment verification (Pandemic Unemployment Assistance Monetary Determination Notice)
- Proof of reduction in work hours and or rate of pay (pre-COVID-19 impact and post COVID-19 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. Must relate to period of impact.
- Childcare expenses due to COVID-19; provide invoice/bill from licensed provider
- Copy of rental agreement/lease (signed by the applicant and landlord)
- Copy of mortgage statement
- Business closure (proof that you own the business, recent tax returns regarding the business, EIN# and schedule C).

Notice: An individual has 90 days from date of impact to apply. Service is One-time per applicant and based on the availability of funds. Applications are referred to the Housing Department for rental, mortgage, and utilities assistance; a separate housing application will be required. If you are specifically seeking housing/mortgage/utilities contact the Department of Housing at (401) 364-1100 ext. 233. If you have questions regarding this application, please feel free to contact Jenny Johnson at (401) 364-1100 ext. 202.

Sincerely,

COVID-19 TEAM

Please submit application and supporting documents via:
Mail-Narragansett Indian Tribe COVID-19 Team, PO Box 268 Charlestown RI 02813
Email-nitcovid2019@gmail.com (all documents **MUST** be submitted via PDF)

Faxed to (401) 364-1129
 Hand delivered to 4533 South County Trail, Charlestown, RI 02813 (Drop box)

Narragansett Indian Tribal Program
COVID-19 CARES Act Application
An Individual has 90 days from impact to apply
ONE-TIME PER APPLICANT

This application is subject to the Privacy Act of 1974, Pub. L. 93-579.
 Please answer all questions. Incomplete applications will delay processing.

A. APPLICANT INFORMATION

DATE OF APPLICATION: / / 2022

1. Name	Last	First	MI	Maiden Name if any
2. Current Address	Street Address			P.O. Box #, if any
City			State	Zip Code
3. Phone Number	()	Email: _____		
4. Date of Birth:	_____ / Roll Number _____		/Gender _____	

B. ASSISTANCE NEEDED (Check all that apply)

5. Must provide supporting documentation for all services checked
- Childcare _____
 Rent _____
 Mortgage _____
 Utilities _____
 Food _____
 Medical/Mental Health _____
 Education/Training _____
 Small Business/Self Employed _____
 Other _____ / _____

C. FAMILY INFORMATION:

6. List all other persons (tribal and non-tribal) who live in the household on a permanent basis. Provide Name, Date of Birth, Relationship to Applicant, Tribal Affiliation and Roll Number (if applicable). (Use separate sheet if needed).

NAME:	D.O.B.	ROLL#	RELATIONSHIP	Work Status

D. HOUSEHOLD DEMOGRAPHICS

Does your household participate in the following programs (circle all that apply)?

- Snap/Food stamps WIC TANF Section 8/Subsidized housing

Any form of threatening or aggressive behavior including verbal or written will not be tolerated and may result in the denial of your application.

E. INCOME INFORMATION

7. Starting with applicant, then list all permanent family members, who are 18 years of age or older. Include everyone listed under Parts A and B who have income. Provide signed copies of SF-1040 (income tax return), W-2 forms, wage stubs, social security, retirement, disability and unemployment benefits, Tribal general assistance child support and alimony, royalties etc. for verification.

NAME	ANNUAL INCOME	SOURCE OF INCOME

Total income: \$ _____

F. IMPACT INFORMATION

8.

Have you or a family member contracted the COVID-19 Virus?	Yes	No
Have you or a family member been quarantined due to the COVID-19 Virus?	Yes	No
Have you or a family member been hospitalized due to the COVID-19 Virus?	Yes	No

9. **How have you been impacted:**

Documentation must be provided for proof of Impact. i.e., Lay-off Letter from employer, Proof of reduction in hours, proof of Business closure, quarantined by employer.

Please check all that may apply:

Laid off		Medical	
Reduction in Hours		Business Closed	
Education/distance learning		Quarantined by Employer	

9a. If quarantined, did your employer continue to pay you? YES / NO

F. GENERAL INFORMATION

10.	Have you—or anyone in your household—ever received COVID Assistance from the Tribe before? Yes_____ No_____
	If yes, department assistance was received from _____ Date _____, Amount \$_____ Explanation: _____ _____

G. APPLICATION CERTIFICATION: Review certification carefully before signing and dating in ink. I certify that all answers given are (1) true, complete, and correct to the best of my knowledge and belief and (2) made in good faith. I understand that false or misleading statements to receive assistance may cause forfeiture of service.

Applicant's Signature

Date

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Narragansett Indian Tribe
PO Box 268
Charlestown, RI 02813
Ph: (401) 364-1100 Ext. 202
Fax: (401) 364-1129

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the Narragansett Indian Tribe's COVID-19 TEAM to inquire and or exchange information with any pertinent Tribal or non-Tribal agency in processing this application for assistance.

The NIT COVID-19 TEAM will hold any information obtained or released during this application process for services strictly confidential in accordance with applicable federal law.

Signature

Date

Authorized Staff

Date

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