

Sisseton-Wahpeton Oyate

American Rescue Plan (ARP) COVID-19 PANDEMIC

Negative Economic Impact Application P.O. Box 509 Agency Village, SD 57262 Phone: 605-698-8440 or 605-698-8441

The Sisseton-Wahpeton Oyate will provide assistance to currently enrolled tribal members, enrolled as of July 12, 2021, to assist with the negative economic impact due to the COVID-19 pandemic.

Name:	First	Middle
Last	First	Middle
SWO Enrollment No		Date of Birth:
Physical Address:		
Mailing Address:		
Phone Number:	Email:	
District Enrolled In (if applicable): _		

I verify that I am the current legal parent/guardian of the following minor children (under the age of 18 years) or dependent adult enrolled in the Sisseton-Wahpeton Oyate. *Use back of last page to list additional minor children or dependent adult(s).

				SWO
First Name	Middle	Last Name	Date of Birth	Enrollment #



Please check <u>all</u> negative economic impacts you have experienced due to the COVID-19 pandemic. (Per US Treasury guidelines per capita payments are not allowed):
Loss of income (lost job, furloughed, laid off, decreased hours worked, business closed/decreased revenue, etc.) Increased cost of living (increase in monthly food bill, utilities, assessing essential services, etc.) Increased cost of health precautions & etc. (50 yr.+, disabled, underlying health conditions: self/household member) Added costs for household safety and protection from COVID-19 (clothing, sanitation, etc.) Added costs of dependent care (distance learning, child care, health and wellness, etc.) Loss of income due to head of household death due to COVID-19. Responsible for funeral costs due to death of family member(s) due to COVID-19. Other:
I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that legal guardianship of minor child(ren) or dependent adult(s) may require verification through a legal document (e.g. physical custody order, notarized power of attorney). I understand that false statements herein are made subject to penalties including, but not limited to, repaying Covid-19 ARF financial support, tribal, and federal prosecution.
Applicant Signature:Date
Send completed application (with signatures) to Covid Emergency Financial Assistance (EFA) at swocovidemergencyapp@swo-nsn.gov . Phone: 605-698-8440 605-698-8441
Disbursement of payments will be mailed to applicants.
Note: Failure to include supporting legal documents may delay disbursement.
Signature of applicant: Date:
This application is in alignment with the US Treasury "Coronavirus State and Local Fiscal Recovery Funds FAQ's as of June 23, 2021; Section 2, Eligible Uses – Responding to the Public Health Emergency/Negative Economic

Impacts, sub-section 2.6.

