



NORTHERN CHEYENNE 2021 AMERICAN RESCUE PLAN ACT ASSISTANCE PROGRAM

*All Northern Cheyenne tribal members are eligible for this one-time assistance based on need. **ALL** applications will be verified and **ALL** checks will be **MAILED—no exceptions.***

EACH TRIBAL MEMBER—ADULT & CHILDREN—MUST BE INCLUDED ON THIS APPLICATION. APPLICATIONS FOR MINORS MUST BE COMPLETED BY CUSTODIAL PARENT OR LEGAL GUARDIAN.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED—PLEASE COMPLETE APPLICATION IN ITS ENTIRETY.

DEADLINE TO APPLY IS September 30, 2021

Completed applications must be emailed by 11:59 p.m. Mountain time, postmarked no later than September 30, 2021, or dropped off at the Littlewolf Capitol Building no later than 5:00 p.m.

HOW TO SUBMIT THIS APPLICATION

Mail to: P.O. Box 128 Lame Deer, MT 59043

Email to: arpa@cheyennenation.com

Drop-off Site: Littlewolf Capitol Building,
600 Cheyenne Avenue, Lame Deer, MT

QUESTIONS? CONTACT 406-477-4841

FAQ

Where can I pick up and drop off my application?

600 N Cheyenne Ave, Littlewolf Capitol Building, Lame Deer, MT

What happens after my application has been submitted?

Applications will be verified by ARPA team, enrollment and finance. All checks will be mailed, no exceptions.

What if I don't have my enrollment number?

Contact the Enrollment Office in person, call 406-477-4841, or email wallace@cheyennenation.com



NORTHERN CHEYENNE 2021 AMERICAN RESCUE PLAN ACT ASSISTANCE PROGRAM APPLICATION

NORTHERN CHEYENNE TRIBAL MEMBER INFORMATION:

Name of Enrolled Northern Cheyenne Tribal Member

First _____ Middle _____ Last _____ Suffix _____

Date of Birth _____ Age **207-** Enrollment Number _____ Last 4 Digits of Social Security _____

Mailing Address (where check will be mailed) _____ City _____ State _____ Zip Code _____

Phone (In case there's a problem with your application, this is a number where you can be reached) _____ Email Address _____

Fill out information for minor tribal members on page 3

COVID-19 Vaccination Status Fully Vaccinated Partially Vaccinated Not Vaccinated

WHAT IS YOUR COVID-19 RELATED NEED? PLEASE CHECK ALL THAT APPLY.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Housing—Rent/Mortgage | <input type="checkbox"/> Mental Health Care | <input type="checkbox"/> Employment | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Car Payment | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Student Loan | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Food | <input type="checkbox"/> Child Care | <input type="checkbox"/> COVID related death expenses |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Household Items | <input type="checkbox"/> Education | <input type="checkbox"/> Other (please be specific) |
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Firewood | <input type="checkbox"/> Purchase of PPE | _____ |

HOW DID THE COVID-19 PANDEMIC AFFECT YOU FINANCIALLY?

AGREEMENT AND SIGNATURE

By my signature below, I attest that the information provided above is true and correct and I am an enrolled member of the Northern Cheyenne Tribe, or I am the guardian or foster parent of the Northern Cheyenne tribally enrolled child I am applying for. I understand that if I purposely falsify this document and receive funds, I will jeopardize future services with the Northern Cheyenne Tribe. I understand this is not a per capita or stimulus payment and is subject to certification of my specified financial need. This application is submitted under pains and penalties of perjury and other punishments under the law, and any amounts found to be disbursed based on fraudulent information shall be recouped by the Tribe, and may jeopardize future ARPA benefits. I understand that this assistance is provided under ARPA Assistance Program, and will not be subject to federal income tax.

Signature _____

Date _____

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS SPACE

_____ Date App Received

_____ Date App Verified

Applicant Approved \$ _____ Denied Reason: _____



NORTHERN CHEYENNE 2021 AMERICAN RESCUE PLAN ACT ASSISTANCE PROGRAM APPLICATION

NORTHERN CHEYENNE MINOR TRIBAL MEMBER INFORMATION:

Name of Enrolled Northern Cheyenne Tribal Member

First		Middle	Last	Suffix
		207-		
Date of Birth	Age	Enrollment Number		Last 4 Digits of Social Security

Name of Enrolled Northern Cheyenne Tribal Member

First		Middle	Last	Suffix
		207-		
Date of Birth	Age	Enrollment Number		Last 4 Digits of Social Security

Name of Enrolled Northern Cheyenne Tribal Member

First		Middle	Last	Suffix
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