



**SHINNECOCK INDIAN NATION**

Shinnecock Indian Territory

P.O. Box 5006 Southampton, New York 11969-5006

Phone (631) 283-6143 Fax (631) 283-0751

*The oldest self-governing  
Tribe of Indians in the United States*

**Council of Trustees**

*Bryan A. Polite, Chairman*

*Randal King, Vice Chairman*

*Daniel Collins Sr., Council of Trustees Secretary*

*Germain Smith, General Council Secretary*

*Seneca Bowen, Treasurer*

*Linda Franklin, Sunksqua*

*Donald Williams Jr., Sachem*

Date: 10 November 2020

**COVID-19 Assistance Fund  
United States Treasury Assessment Form**

As part of our ongoing program to assist tribal members through these difficult times, please fill out the included United States Treasury Assessment form and return using the prepaid envelope that came with this document and the assessment form.

This assessment form ensures that we assist you with your needs and serves as documentation for the United States Treasury on how the funds were spent.

Failure to return the assessment will prevent Shinnecock Indian Nation from providing assistance, so it is critical that applicants complete the form and return it as soon as possible.

In Solidarity,  
  
Tela L. Troge, Esq.

Shinnecock Indian Nation COVID-19 Relief Administrative Assistant

Please fill out the form enclosed and send back to the Family Assistance Program with the enclosed self-addressed stamped envelope. If you have access to email this form can be scanned and sent back to [FAMILYASSISTANCE@SHINNECOCK.ORG](mailto:FAMILYASSISTANCE@SHINNECOCK.ORG). **ANY QUESTIONS PLEASE CALL 716-770-5375**



## COVID-19 PUBLIC HEALTH EMERGENCY RELIEF PROGRAM APPLICATION

I, \_\_\_\_\_, submit this application to the Council of Trustees of the Shinnecock Indian Nation to receive a one-time distribution from the Nation's COVID-19 Public Health Emergency Relief Program. The information requested in this application is designed to comply with the requirements of the Coronavirus Aid, Relief, and Economic Security Act (P.L. 116-136) and implementing guidance issued by U.S. Treasury Department as of June 24, 2020.

Name:

Address:

Email:

Phone:

Enrollment Number:

Has anyone in your household already applied for assistance?

- ☐ Yes
- ☐ No

If you have been impacted by the COVID-19 Public Health Emergency, please indicate all of the impacts by checking all boxes that apply to your personal situation:<sup>1</sup>

- ☐ Loss of Employment/Temporary Layoff or Furlough.
- ☐ Reduction in hours/pay.
- ☐ Unable to work or experiencing financial hardship due to no child care/school.
- ☐ Had to close business.
- ☐ Teleworking and related job changes.
- ☐ Children being schooled at home/distance learning.
- ☐ Underlying medical condition requiring staying home to prevent exposure.
- ☐ Over the age of 50 and enduring increased costs related to the COVID-19 pandemic.
- ☐ Difficulty accessing food and essential items.
- ☐ Difficulty paying rent/mortgage.
- ☐ Did not receive federal stimulus funding.
- ☐ Contracted COVID-19.
- ☐ Disabled and enduring increased costs related to the COVID-19 pandemic.
- ☐ Experiencing increased essential costs due to COVID-19 (i.e. paid a higher price for essential items)
- ☐ Added costs for personal and household safety and protection from COVID-19 (PPE, sanitation, etc.).
- ☐ Added expenses of dependent care.
- ☐ Other financial hardship (please explain)

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<sup>1</sup> You must check at least one box in order to be eligible for a relief payment from the Tribe's COVID-19 Public Health Emergency Relief Program.

Check all programs you are applying for:

- ☐ Grocery Assistance Program (GAP)
- ☐ Utilities Assistance Program (UAP)
- ☐ Laptop Assistance Program (LAP)

By signing my name below, I attest that I am in need of emergency financial assistance due to the COVID-19 public health emergency and that any distribution I receive from the Tribe's COVID-19 Public Health Emergency Relief Program will be expended on emergency needs incurred due to the COVID-19 public health emergency.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date