



Confederated Tribes of Siletz Indians

TRIBAL COUNCIL

PO Box 549 • 201 SE Swan Ave
Siletz, Oregon 97380-0549

Toll Free 1-800-922-1399
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COVID-19

EMERGENCY ASSISTANCE PAYMENT PROGRAM

The Siletz Tribe established multiple COVID-19 Relief Programs to ensure all eligible Tribal members received assistance for the unexpected costs and/or loss of income due to the COVID-19 pandemic public health emergency. The Programs provide financial assistance to eligible Tribal members to help alleviate the hardships endured.

Upon review of the results from the submitted COVID-19 Surveys, mailed to all Siletz Tribal households in July 2020, it is evident there continues to be hardships due to the COVID-19 pandemic. The Siletz Tribal Council intends to approve, by Tribal Resolution, a one-time **Emergency Assistance Payment** that falls within the General Welfare Ordinance guidelines, for each eligible living Tribal member age 18 and over as of 11/30/2020. This payment will not be subject to garnishment through Siletz Tribal Court.

Following the Tribe's implementation of the COVID-19 Relief Programs, the U.S. Department of Treasury issued new guidance related to COVID-19 related programs and payments. The new guidance requires **each** Tribal member, applying for assistance, to complete an Application for programs and payments. Enclosed is the Application for the **Emergency Assistance Payment Program**.

INSTRUCTIONS

1. Completely fill out the Application, check all that apply. Any section left blank would be considered an incomplete Application.
2. Only one Application per eligible living Siletz Tribal member age **18 years and older as of 11/30/2020**.
3. Submit a completed Application by **SUNDAY, December 20, 2020 (extended by Tribal Resolution 2020-378)** by 4:30 PST and receive an Emergency Assistance Payment dated **December 1, 2020**. Any Application submitted after **December 20, 2020** will not be eligible for payment.
4. Submit completed Application one of the following four ways:
 - a. MAIL – CTSI, Attn: Enrollment, PO Box 549, Siletz, OR 97380-0549
 - b. SCAN and EMAIL – CARES@ctsi.nsn.us
 - c. DROP OFF at any Area Office using their drop box
 - d. FAX to: (541) 444-2307



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EMERGENCY ASSISTANCE PAYMENT PROGRAM

PRINT CLEARLY & LEGIBLE IN PEN

**Completed Application must be received at the Tribal Administration Office by
December 20, 2020 by 4:30 PM PST**

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Siletz Roll #: _____ DOB: _____

Eligibility Section (Check all the following that apply):

- _____ Reduction in Income or Lay Off
- _____ Increased Utility or Food Costs
- _____ Lack of Program Accessibility
- _____ Increased Number of Household Members
- _____ Other, please specify: _____
- _____

Emergency Assistance Section (Choose one):

I choose to receive 100% Assistance (\$2,500)

(you will receive the entire assistance allowance)

I choose less than \$2,500. The amount of my financial need is: \$ _____

***CERTIFICATION** I hereby certify that I have been impacted by the COVID pandemic and am eligible under the COVID Emergency Assistance Payment Program for financial need. I also certify that the information submitted on this Application is true and correct to the best of my knowledge.*

Printed Name: _____

Date: _____

Signature: _____