



Confederated Tribes of Siletz Indians

## TRIBAL COUNCIL

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

Toll Free 1-800-922-1399  
Direct: (541) 444-8258



## 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 (excluding incarcerated; per IRS guidelines) as of 11/30/2020.**
3. Submit a completed Application by **November 16, 2020** by 4:30 PST and receive an Emergency Assistance Payment dated **December 1, 2020**. Any Application submitted after **November 16, 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](mailto:CARES@ctsi.nsn.us)
  - c. DROP OFF at any Area Office using their drop box
  - d. FAX to: (541) 444-2307



# COVID-19

## EMERGENCY ASSISTANCE PAYMENT PROGRAM

PRINT CLEARLY & ELIGIBLE IN PEN

**Completed Application must be received at the Tribal Administration Office by  
November 16, 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):**

<input type="checkbox"/> I choose to receive 100% Assistance (\$2,500) (you will receive the entire assistance allowance)
<input type="checkbox"/> 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: \_\_\_\_\_