

COVID-19 Food Assistance Program

I. PURPOSE

To provide Siletz Tribal households experiencing negative impacts due to the COVID-19 pandemic with food assistance. Funding for the COVID-19 Food Assistance Program is based on a first come, first served basis. Services are available throughout the United States of America. This program will open June 1, 2020 and will remain open until funding is exhausted.

II. ELIGIBILITY

1. Tribal households negatively impacted due to COVID-19. To be considered a tribal household, the head of household, spouse, or a minor child (ren) must be an enrolled Siletz tribal member.
2. Impact must be due to circumstances directly related to COVID-19 (i.e. loss of income due to lay-off, inability to work due to government shut-down, loss of income due to quarantine, household composition changes, etc.)

Households with income below the Federal Poverty Level and reside within the CTSI Service Area may be eligible to receive assistance from the IHBG CARES Fund. Households that exceed the income limits or reside outside the CTSI Service Area, may receive assistance from the CTSI CARES Fund. CTSI Administrators will determine what funding to utilize based on the application and supporting documentation.

Households currently receiving food assistance through other means (SNAP Benefits, USDA Commodities) may be eligible depending on the household situation.

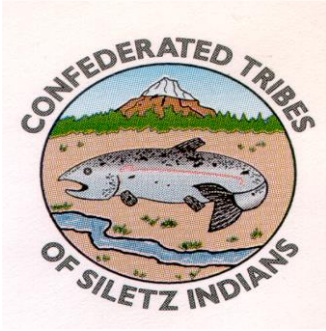
III. USES

COVID-19 food assistance is meant to address unmet needs. Eligible households may be eligible for food assistance totaling \$75.00 per household and then \$50.00 for each additional person up to a maximum of \$225.00 per household. Households found eligible with HUD funding will be limited to the \$75.00 and the remainder will be covered by the CTSI CARES fund.

IV. PROCEDURE

1. The applicant must complete the COVID-19 Food Assistance Application as follows: names of all household members, proof of tribal enrollment, date of birth, address, income amounts and income sources for all household members. Applicant must document how COVID-19 has impacted their household and need for food assistance. Applicant must sign the release of information.

2. Applications will be processed by the 477-Self Sufficiency Program (477-SSP) in coordination with the Siletz Tribal Housing Department. Once eligibility is determined, the application may be forwarded to the CTSI Area Offices to meet the client need. The Area Offices may meet the client need by utilizing stores that accept CTSI purchase orders, other local stores or farms.
3. A receipt letter will be provided to the applicant 2 business days from the date the application is received by the CTSI. The applicant will be given ten (10) days from the receipt letter date to respond and correct any deficiencies. Other efforts to communicate with the applicant, to assist with completion of the application as soon as possible, will occur as needed.
4. The Applicant will complete the “Requested Food Items Form” attached to the application. Once approved for services, the 477-SSP will coordinate with the applicant a date and time to pick-up their groceries from a local store. The 477-SSP will purchase the items online for pick-up or delivery by the client.



CONFEDERATED TRIBES OF SILETZ INDIANS

P.O. Box 549 Siletz, Oregon 97380
 1-800-922-1399 ext. 1247 * 541-444-8247 * FAX: 541-444-8334

COVID-19 FOOD ASSISTANCE APPLICATION

Date: _____

Head of the Household: _____ Tribal Roll#: _____
Tribal Member

Mailing Address: _____
City State Zip

Residence Address: _____
City State Zip

Home #: _____ Cell #: _____ Email Address: _____

HOUSEHOLD COMPOSITION

List all members currently in your household.

Names of Adults 1 st then Children (Legal names)	Sex	Date Of Birth	Relationship To Head of the Household
			SELF

HOUSEHOLD INCOME

List income for all adult household members including per capita

Name of household member	Name of employer/ Source of income	Address of employer/ Source of income	Estimated gross monthly earnings

Is anyone in your household currently receiving SNAP Benefits or USDA Commodities? YES NO

If approved for food assistance, do you have transportation available to pick-up the groceries? YES NO

What local grocery store offers "pre-purchase / pick-up" services? _____

The Confederated Tribes of Siletz Indians requires that you must sign the Authorization of Release Form attached to be eligible for any program service.

I/we know that cooperation requires supplying all information needed to determine my eligibility. I/we understand that supplying false, incomplete or inaccurate information is punishable under Federal, State, and Tribal laws.

By signing below, I authorize the Confederated Tribes of Siletz Indians to verify information relevant to determining household eligibility.

This authorization is effective for one year from the date of signature.

Head of Household _____ Date _____

Spouse/Other Adult _____ Date _____

Other Adult _____ Date _____

Mail completed application to:
Confederated Tribes of Siletz Indians
Attn: 477-SSP
PO Box 549
Siletz, OR 97380

Email to: 477SSP@ctsi.nsn.us
Subject: Food Assistance Program

Fax: (541) 444-8334

Requested Food Items

The 477-SSP will attempt to purchase the basic food items requested on this form. Please be specific as possible in stating your needs. Some items may not be in stock or available for pick-up.

(CANNED FRUIT)		
APRICOTS _____	GREEN BEANS _____	VEGGIE SOUP _____
MIXED FRUIT _____	CARROTS _____	TOMATO SOUP _____
PEACHES _____	CREAM CORN _____	CND BEEF STEW _____
PEARS _____	CREAM CORN _____	CREAM OF CHICKEN _____
PLUMS-DRIED _____	KERNEL CORN _____	CREAM OF MUSHROOM _____
RAISINS _____	SWEET POTATOS _____	
BLUEBERRIES,FRZ _____	PUMPKIN _____	CND REFRIED BEANS _____
APPLESAUCE CUPS _____	MIXED VEGGIES _____	CND VEGGIE BEANS _____
APPLE JUICE _____	SPINACH _____	CND KIDNEY BEANS _____
CHERRY APPLE JUICE _____	DICED TOMATOES _____	GRT NORTHERN (2LB) _____
GRAPE JUICE _____	SLICED POTATOES _____	PINTO (2LB) _____
ORANGE JUICE _____	TOMATO SAUCE _____	CND BLACK BEANS _____
TOMATO JUICE _____	SPAGHETTI SAUCE _____	CND PINTO BEANS _____
CRAN-APPLE JUICE _____	DEHYD POTATOES _____	
	HOMINY _____	ALL PURPOSE FLOUR _____
	FROZEN PEAS (3) _____	CORNMEAL _____
OATMEAL _____		WHOLE WHEAT FLOUR _____
CORN FLAKES _____	CRACKERS _____	
RICE CEREAL _____	TORTILLAS _____	SLICED CHEESE _____
OAT CEREAL _____	EGG NOODLES _____	CHEESE _____
SHREDDED WHEAT _____	RICE LONG GRAIN (2LB) _____	EGGS _____
CORN SQUARES _____	SPAGHETTI _____	CANNED SALMON _____
WHEAT BRAN _____	MACARONI _____	CANNED TUNA _____
	WHOLE-GRAIN ROTINI _____	CANNED CHICKEN _____
1% MILK _____	MAC&CHEESE _____	BUTTER _____
2% MILK _____		VEGETABLE OIL _____
Whole Milk _____		MARGARINE _____

Fresh Vegetables List	
Fresh Meat List	