



Confederated Tribes of Siletz Indians  
**ENROLLMENT DEPARTMENT**

PO Box 549  
Siletz, Oregon 97380-0549  
Toll Free 1-800-922-1399  
Direct: (541) 444-8258  
FAX: (541) 444-8296



## **COVID-19**

### **EMERGENCY ASSISTANCE PAYMENT PROGRAM**

The Siletz Tribe has 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 since the Declaration of Emergency on 3/17/2020.

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 and living Tribal member enrolled on 10/31/2021, including minors. This payment will not be subject to garnishment through Siletz Tribal Court. This assistance is considered non-reportable based on the Tribal General Welfare Exclusion Ordinance. The payment amount will be determined by Tribal Council Resolution on 11/19/2021.

The guidance by the U.S. Department of Treasury requires **each** Tribal member, applying for assistance, to complete an Application for programs and payments. Enclosed is the Application for the **COVID-19 Emergency Assistance Payment Program**.

#### **INSTRUCTIONS**

1. Only one Application per eligible and living Siletz Tribal member enrolled on 10/31/2021.
2. For parents/guardians that are applying for minor children in their care, the child's full name, and date of birth must be listed on the Application for it to be considered complete. If the Roll # is not completed, staff will fill that information in. Children must be listed in the database system used by Enrollment in the same household as the adult applying on their behalf. Foster families will be verified by Enrollment with the Indian Child Welfare Department.
3. For adults that are not Tribal members that are applying on behalf of a Tribal member minor, a W9 form must also be submitted. Contact staff via [CARES@ctsi.nsn.us](mailto:CARES@ctsi.nsn.us) if you are in need of that form and it is also available on the Tribal website.
4. Completely fill out the Application, check all that apply. Any section left blank would be considered an incomplete Application.
5. Submit a completed Application by **FRIDAY, NOVEMBER 12, 2021** by 4:30 PST and receive an Emergency Assistance Payment dated **December 1, 2021**. Any Application submitted **after 4:30 PST on November 12, 2021** will not be eligible for payment.
6. 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) 444-8296



# COVID-19

## EMERGENCY ASSISTANCE PAYMENT PROGRAM

**PRINT CLEARLY & LEGIBLE IN PEN**

**Completed Application must be received at the Tribal Administration Office by  
November 12, 2021 by 4:30 PM PST**

**TRIBAL HOUSEHOLD MEMBERS: ADD ADDITIONAL PAGES IF NEEDED**

Full Name on Roll	Relationship	DOB	Roll#*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

*\*Staff will complete the roll# if not provided*

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Eligibility Section (Check all the following that apply):**

- Reduction in income or layoff
- Increased utility or food costs
- Lack of Program accessibility
- Increased number of household members
- Other, please specify: \_\_\_\_\_

**CERTIFICATION** I hereby certify that I and/or my family 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:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_