



Little River Band of Ottawa Indians

General Welfare Assistance Program 2022 COVID-19 Pandemic Assistance Program

The Little River Band of Ottawa Indians Tribal Council has established this program to provide relief to LRBOI Tribal Members who are experiencing financial hardship due to the lingering effects of the COVID-19 (coronavirus) Health Pandemic. Through the ARPA, LRBOI will provide assistance to each eligible applicant for the reauthorization period of 2022 & 2023.

Program Eligibility Criteria (must meet all the following criteria)

- ◆ Individual must be an enrolled LRBOI Tribal Member.
- ◆ Individual must have their correct address on file with the Enrollment Department.
- ◆ Individual must demonstrate need in accordance with the amended COVID-19 Pandemic Assistance Program for assistance related to the COVID-19 pandemic.
- ◆ Individuals must adhere to program guidelines including completed applications, certification of truthfulness by signature, and expense tracking/record retention for a period of no less than five (5) years.

Application and Benefit Process

1. Applications will be mailed to every enrolled Tribal Member and will include a postage paid return envelope.
2. Separate applications are required for every Tribal Member regardless of age.
3. Applications will also be available on the LRBOI website <https://lrboi-nsn.gov> to print, fill out and either mail hardcopy to LRBOI Member's Assistance Department, 2608 Government Center Drive, Manistee, MI 49660 or email as an attachment to ARP.Response@lrboi-nsn.gov
4. Applications MUST be filled out completely in order to be processed. Incomplete applications will be held by the Member's Assistance Department. You will be contacted by Member's Assistance staff for missing information. Your application will be processed as soon as the missing information is received.
5. Member's Assistance staff will process applications on a first come, first serve basis.
6. Processed applications and check requests will be forwarded to Accounting. Checks will be processed two times per week.
7. Checks will be mailed to Tribal Member's as they are printed.

Questions? Contact Member's Assistance 231-398-6739 or 231-398-6733

The entire application must be completed and received on or before November 30, 2023.



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The Little River Band of Ottawa Indians Tribal Council has established this program to provide relief to LRBOI Tribal Members who are experiencing financial hardships due to the COVID-19 (coronavirus) Health Pandemic.

Program Eligibility Criteria (must meet all the following criteria)

1. Individual must be an enrolled LRBOI Tribal Member*.
2. Individual must demonstrate need for assistance related to the COVID-19 pandemic.
3. Individual must certify that COVID-19 related expenses for which the funds are used occurred since the beginning of the Pandemic.
4. Individual must certify that they are low or moderate income to receive \$2,800.00 cash assistance. This will require Tribal Members to certify that they incurred additional expenses including, housing, food, or experienced inflation or lost income or incurred additional other expenses due to the COVID-19 pandemic. Receipts shall be retained by Tribal Members and be available upon request.

* Parents/Guardians of minors that are enrolled LRBOI Tribal Members may apply for assistance for each Tribal Member minor, utilizing the parent/guardian's income and household need for responses on this form.

APPLICANT INFORMATION – (MEMBERS ASSISTANCE WILL VERIFY ENROLLMENT)

TRIBAL MEMBER NAME :		D.O.B.	
MAILING ADDRESS : STREET/P.O.		CITY	STATE
PHYSICAL ADDRESS : STREET		CITY	STATE
COUNTY :		PHONE :	TRIBAL I.D. #
MESSAGE PHONE :			
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER			
PARENT OR GUARDIAN NAME IF ACCESSING ON BEHALF OF TRIBAL MEMBER MINOR			

Household Impact Related to COVID-19 Pandemic
 (Required for all applicants; check all that apply)

<input type="checkbox"/>	1. My annual income is below \$150,000
<input type="checkbox"/>	2. Increased food, household goods, or transportation costs
<input type="checkbox"/>	3. Difficulty making utility payment or increased utilities costs
<input type="checkbox"/>	4. Difficulty making rent/housing payment, or experience increased housing costs
<input type="checkbox"/>	5. Loss of income including but not exclusive to termination or furlough from employment or if the member's owned business has closed or reduced hours
<input type="checkbox"/>	6. COVID related quarantine costs
<input type="checkbox"/>	7. COVID related cleaning supplies or PPE
<input type="checkbox"/>	8. Increased inflation costs
<input type="checkbox"/>	9. Expenses related to children home from school, including daycare or childcare expenses, educational supplies such as technology, internet services, etc.
<input type="checkbox"/>	10. Online job training or retraining to address employment
<input type="checkbox"/>	11. Increased help and/or medical supplies due to age or medical condition
<input type="checkbox"/>	12. Other (please explain):

In order to receive the \$2,800.00 cash assistance have you indicated your need by checking any boxes that apply from #4 - #11 above and is your income below \$150,000? (Yes/No) _____

Comments: _____

Release of Information, Disclaimer, and Certification

As part of this CARES Act/ARPA COVID-19 Pandemic Assistance Program, I understand the LRBOI Administration of this program, and its staff may access records to verify enrollment information in my application. I also understand that the program is a General Welfare Assistance Program and not an entitlement and should not be considered income. However, I understand it is my responsibility to determine any impact the welfare funds I receive may have on public assistance I currently receive or may receive in the future. I certify that I will use this assistance for the purposes it was awarded. I also swear under penalty of perjury that the information contained in this application is true and accurate.

I understand that I am responsible for maintaining receipts for the expenses funded by this program for a period of five (5) years. I also understand that I may be required to supply the LRBOI with this information upon request.

I hereby certify that I have either lost income or incurred additional expenses or reasonably expect to lose income or incur additional expenses due to the COVID-19 pandemic. I certify that in order to receive the \$2,800.00 cash assistance that my income is less than \$150,000.

Signature of Applicant: _____

Date: _____

Printed Name of Applicant: _____

This entire application must be completed and received on or before November 30, 2023. The application may be mailed using the enclosed self-addressed and stamped envelope included in the application mailing or emailed to ARP.Response@lrboi-nsn.gov