



# Stockbridge-Munsee Community

## COVID-19 Food Security Assistance Program



**\*\*THIS IS NOT A PER CAPITA PAYMENT\*\***

The Stockbridge-Munsee Community (SMC) is enacting a Food Security Program for Tribal Members with payment of \$500 to be used for groceries to provide food security during the pandemic. The Food Security Program is available to all Tribal Members that self-certify COVID-19 impacts that exceed all prior aid received from the SMC. The program will be available starting November 8, 2021 with an application deadline of September 1, 2022.

Stockbridge-Munsee Community (SMC) Tribal Member requesting funds from the SMC COVID-19 Food Security Assistance Program will need to complete this application to verify eligibility. A separate form must be filled out by each individual.

Enrollment No.: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_ SSN# Last 4 digits: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Impact Directly Related to COVID-19 Pandemic (Required for all applicants). Check all that apply:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Furloughed /Layoff from Employment</li> <li><input type="checkbox"/> Loss of Employment due to the pandemic (March 15, 2020- December 1, 2020)</li> <li><input type="checkbox"/> Suspension of Medical Insurance</li> <li><input type="checkbox"/> Reduction in work hours/pay</li> <li><input type="checkbox"/> Expenses for Children home from school. i.e. Daycare expenses, increased food costs</li> <li><input type="checkbox"/> Educational supplies needed or internet services for distance learning</li> <li><input type="checkbox"/> Increased food costs</li> <li><input type="checkbox"/> Relatives living with you</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> COVID-related quarantine or isolation cost</li> <li><input type="checkbox"/> Difficulty making rent/housing payment(s)</li> <li><input type="checkbox"/> Difficulty making utility payments(s)</li> <li><input type="checkbox"/> Increased cleaning, PPE, or in-home care and/or medical supplies due to age or medical condition</li> <li><input type="checkbox"/> Underlying medical condition, requiring staying home to prevent exposure</li> <li><input type="checkbox"/> Other financial hardship (please explain) _____</li> </ul> |
|---|---|

**Payment will be made by direct deposit:**

Bank Name: \_\_\_\_\_

Account Type (check one):     Checking     Savings

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

As part of the SMC COVID-19 Food Security Program, I hereby certify that all of the following statements are accurate.

- I have suffered an economic hardship from the COVID-19 pandemic and require assistance with my expenses.
- I have been negatively impacted financially because of COVID-19 impacts.
- All information submitted in this Application is accurate.
- I understand the SMC and its staff, and agent(s) may access records to verify enrollment information in my verification form.
- I understand that assistance under this program is intended to be exempt from taxation as a general welfare and/or disaster relief assistance program under federal law (26 U.S.C. 139E and 139).
- I understand it is my responsibility to determine any impact the emergency relief funds I receive may have on other public assistance I currently receive or may receive in the future.
- I understand that information in this Application is protected and confidential, except to the extent that it may be audited under tribal and/or federal law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application form, in person at the Tribal Office Building or US Certified Mail by 4:00 pm, Wednesday, September 1, 2022, any applications received after this date will not be considered for funding. It is the responsibility of the applicant to make sure the application is received. Applications will be processed as received.