



# Stockbridge-Munsee Community Tribal Elder Safe Holidays Program



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

The Stockbridge-Munsee Community (SMC) is enacting a Safe Holidays Program for Tribal Elders over the age of 62 with a grant of \$100 to be used to provide a safe celebration over the holiday season. The Tribal Elders Safe Holidays Program is only available to Tribal Elders aged 62 and over who self-certify COVID-19 impacts that exceed all prior aid received from the SMC. The program will be available starting November 2, 2021 with an application deadline of January 14, 2022.

Stockbridge-Munsee Community (SMC) Tribal Elder requesting funds from the Tribal Elder Safe Holidays Program grant 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: \_\_\_\_\_

**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</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.</li> <li><input type="checkbox"/> 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> |
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**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: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please return this application form, in person at the Tribal Office Building or US Certified Mail by 4:00 pm, January 14, 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.**