



Miami Tribe of Oklahoma COVID-19 Public Health *Recovery* Family Assistance Program Confidential Grant Application

The Miami Tribe of Oklahoma has established the COVID-19 Public Health *Recovery* Family Assistance Program to provide *one-time* financial assistance to tribal members who have suffered financial impacts as a result of the COVID-19 pandemic due to the loss of income, medical expenses, closure of business, new, different, or increased expenses attributable to the pandemic. In order to receive a grant, an applicant must demonstrate eligibility for a grant through submission of information in this application.

All information below is REQUIRED. The Form must be signed and postmarked or emailed by June 1, 2022, to be processed. Adults and Children must be an enrolled member of the Miami Tribe of Oklahoma.

NOTICE: The application can take up to 30 days to be processed.

Applicant's Full Legal Name First, Middle and Last Name Adult 18 years to 64 years	Birth Date	Enrollment Number required	Address	Phone number required/email

Applicant's Full Legal Name First, Middle and Last Name Adult 65 years of age <i>Must be 65 as of date grant application submitted.</i>	Birth Date	Enrollment Number required	Address	Phone number required/email

Children/Dependents' Full Legal Name(s) First, Middle and Last Name (Attach additional page if needed) NOTE: Adults and Children must be an enrolled member of the Miami Tribe of OK.	Legal Guardian Yes or No	Birth Date	Enrollment Number required

Is/are the child/ren subject to a court order regarding custody? Circle: Yes or No

I _____ certify by signing below that I have physical custody/or legal guardianship of the above listed minor child/children. In the event of a dispute the award will be made to the person demonstrating custodial rights by court order or other acceptable documentation. If I unlawfully claim the minor child/children, then I understand that I will be subject to prosecution.

Signature Date

Lost Income Describe financial impacts attributable to COVID-19 public health emergency.

Describe any loss of income and reason for loss of income:	
<input checked="" type="checkbox"/>	Reason (Check all that apply, attach additional page if needed)
	Food expenses
	Household supply expenses
	Childcare expenses
	Mortgage or rent expenses
	Medical care expenses
	Utility expenses, electric, heating
	Student education materials expenses
	Student Internet access expenses
	Student computer expenses
	Other student expenses
	Telework internet expenses
	Telework material expenses
	Telework computer expenses
	Essential worker PPE
	Your household income is less than \$75000.00 for single or less than \$112,500.00 for head of household, or less than \$150,000.00 for married (please note this is not an income based program and you will not be asked to show proof of income.)
	Other describe:

I declare under penalty of perjury that the information in this application is true and correct and that I am the legal guardian of the dependents listed above and I authorize the Tribe to use enrollment files to verify eligibility. Additionally, I agree to use the grant funds to meet personal and family needs that result from the COVID-19 pandemic as intended for this COVID-19 Public Health Recovery Family Assistance Program (refer to instructions).

Note: The Department of Treasury or the Miami Tribe at any time may require the recipient of these funds to produce receipts demonstrating expenditure of grant funds.

Signature of Applicant:	Date:
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RETURN TO: Miami Tribe of Oklahoma
 Adult Services
 Public Health Recovery Family Assistance Grant
 PO Box 1326
 Miami, Oklahoma 74355

Email: COVIDGRANT@miamination.com

MUST BE POST MARKED or EMAILED BY June 1, 2022, or application will not be considered.

Notice: The application can take up to 30 days to be processed.

Reviewer Notes:

Reviewed and Approved by:

Date:

Approved Amounts	Paid by	Amount	Date
	Check #:		
Total paid			
Total eligible			
Balance available			