

**Quapaw Nation American Rescue Plan
Tribal Member Application**
Eligible members include at least one year of membership or enrolled by the age of one year old
Application period ends 7/31/2021 (postmarked by 7/31/2021)
PLEASE PRINT LEGIBLY

Name: _____ Date of Birth: _____

Mailing Address: _____

City, State, Zip Code _____

Phone #: _____

Email: _____

Roll #: _____

Please mark from the list of situations below all that apply to you as an impact related to the COVID-19 public health emergency:

_____ You or a household member have been ill with COVID-19

_____ You were temporarily furloughed or terminated from employment

_____ Your health care expenses have increased

_____ Your child care expenses have increased

_____ Your grocery and/or food delivery expenses have increased

_____ You incurred expenses related to at-home schooling

_____ You incurred expenses related to working remotely

_____ You had additional people living in your home, greater than your normal family members

Do you have children (under the age of 18) in your household that are tribal members? Yes _____ No _____
If yes, please provide the following information for each tribal child:

Name: _____ Date of Birth: _____

Roll #: _____

Name: _____ Date of Birth: _____

Roll #: _____

Name: _____ Date of Birth: _____

Roll #: _____

** Please add additional names on back if needed

I attest that the information provided above is true and accurate regarding the impact of the COVID-19 public health emergency.

Printed Name

Signature

Date

Submit by mail:

**Quapaw Nation
Attn: Quapaw COVID Fund
P.O. Box 765
Quapaw, OK 74363**

**Submit by email:
QuapawCOVID@quapawnation.com**

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|------------------------|
| <i>Office use only</i> |
| Approved by: |
| |