



Rosebud Sioux Tribe COVID-19
Supportive Service Assistance
Application Form

Application Submittal

Contact: RST Community Services (605) 747-2401
Download Application:
<https://www.rosebudsiouxtribe-nsn.gov/>
Pick up Application: RST Community Services Office
RST Council Representatives or Community
Chairman's
Email Applications to: cs@rst-nsn.gov
Application Drop Off: RST Community Services or
RST Council Representative or Community Chairman
Mail Application to: RST Community Service
PO Box #438, Rosebud, SD 57570
**(Please call the contact numbers listed above if you
are elderly or disabled and need an application
mailed to you, or for any questions filling out the
application) * PLEASE ALLOW 3-4 WEEKS FOR
PROCESSING**

The purpose of the Rosebud Sioux Tribe Supportive Service Program is to provide a one-time payment of \$200 in economic assistance to enrolled adult Tribal members who have experienced financial hardships due to the COVID-19 Pandemic. Funding of this program is in accordance with the Federal CARES Act Relief Fund and is non-taxable as a Tribal Financial Assistance Program. If you or your family have been financially impacted by the COVID-19 pandemic, please fill-out and submit this application with **REQUIRED DOCUMENTS:**

TRIBAL ID OR ABSTRACT OF TRIBAL MEMBER IN YOUR CARE

UTILITY BILL OR LEASE AGREEMENT

NOVEMBER AND DECEMBER 2020

LIFE-LONG RESERVATION RESIDENTS ONLY

One Application and Card per Household

Applicant Information

Applicant Name (print): _____
Email: _____ Phone #: (____) _____ - _____
DOB: ____/____/____ Tribal Enrollment # (required to receive assistance): _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

RST Household Members

First and Last Name (Printed)	Relationship	DOB	Enrollment # (REQUIRED)

Any children subject to court order for custody or guardianship? ☐ YES ☐ NO

If yes, **attach court orders for custody or guardianship.**



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LIFE-LONG RESERVATION RESIDENTS ONLY

Financial Need

Between March 1, 2020 and December 31, 2020, I/We have experienced/expect to experience the following economic impacts caused by the COVID-19 Pandemic: **(YOU MUST CHECK AT LEAST ONE)**

- | | |
|---|---|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Reduced employment |
| <input type="checkbox"/> Increased utility costs | <input type="checkbox"/> Increased food costs |
| <input type="checkbox"/> Increased household cleaning costs | <input type="checkbox"/> Increased medical expenses |
| <input type="checkbox"/> Increased personal care costs for PPE and other protective measures | <input type="checkbox"/> Increased costs for telework, looking for work or children's distance learning |
| <input type="checkbox"/> Loss of self-employment/business income | <input type="checkbox"/> Transportation costs for medical testing/procedures |
| <input type="checkbox"/> Housing cost increase, foreclosure, eviction, rent | <input type="checkbox"/> Healthcare costs, prescriptions, supplements, mental health, counseling |
| <input type="checkbox"/> Increased costs for isolation or quarantine due To positive test for COVID-19 exposure | <input type="checkbox"/> Other anticipated costs due to COVID-19 (Please List): _____ |

Certification

- ☐ I/we certify that the information contained herein is true and correct to the best of my/our knowledge.
- ☐ I/we certify that these CARES Act funds I/we receive from the Tribe shall be used for the economic impacts of COVID-19 for myself / and or my family that I/we have and are experiencing.
- ☐ I/we also certify that I have physical custody and/or legal guardianship for the above named children or dependents.

Applicant Signature: _____ Date: ____/____/____

***APPLICATION WILL NOT BE APPROVED IF NOT FILLED OUT COMPLETELY OR HAVE
REQUIRD DOCUMENTS ATTACHED- COPIES ACCEPTED**

OFFICIAL USE ONLY (Do not fill in) Eligible Tribal Members: _____ Date Received: ____/____/____

Reviewed by RST Community Service Staff _____ Date _____

(Initials)