



**Rosebud Sioux Tribe COVID-19  
Supportive Service Assistance  
Application Form**

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 AND**

**UTILITY BILL OR LEASE AGREEMENT**

**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](mailto: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**

**NOVEMBER AND DECEMBER 2020**

**ON 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: \_\_\_\_\_

Are you Homeless? (ONLY NEED COPY OF ABSTRACT OR TRIBAL ID)

☐

YES

☐

NO

**RST Household Members**

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



## Rosebud Sioux Tribe COVID-19 Assistance Application Form

**NOVEMBER AND DECEMBER 2020**

**ON 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**

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**OFFICIAL USE ONLY (Do not fill in)** Eligible Tribal Members: \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed by RST Community Service Staff \_\_\_\_\_ Date \_\_\_\_\_

(Initials)