



**Middletown Rancheria
of Pomo Indians of California**

CARES Program Application

This application is intended for individual Tribal Members and their families seeking emergency assistance and economic security through the Middletown Rancheria CARES Program. This program is being offered to provide security and stability to Tribal Members and their families that have been impacted by a loss of income due to the COVID-19 public health pandemic.

Name: _____

Address: _____

Telephone: _____ Date of Birth: _____

Email Address: _____

Has your household been economically impacted by COVID-19?

___ Yes ___ No

If your household has been impacted by COVID-19, Tribal Council will provide additional assistance to your household to mitigate the impacts of COVID-19. Would you be able to better protect the health of your household if the Tribe was able to provide you with additional financial assistance so that you can purchase needed supplies and food?

___ Yes ___ No

Have you had any COVID-19 medical related expenses?

___ Yes ___ No

Do you currently have an outstanding rent or mortgage bill?

___ Yes ___ No

Do you currently have any outstanding utility bills?

___ Yes ___ No

Do you have Tribal Member children who have been impacted by COVID-19? Would you be able to better protect the health of your Tribal Member children if the Tribe was able to provide you with additional financial assistance so that you can purchase needed supplies and food for these Tribal Member children?

___ Yes ___No

Please list the names and ages below of the Tribal Member children who have been impacted by COVID-19:

_____	_____
_____	_____
_____	_____

Do you or your child(ren) have a need for assistance related to electronic communications and/or devices needed for distance learning?

___ Yes ___No

Acknowledgement of CARES Program:

I declare and understand the Tribe's CARES Program as follows:

- 1) I must complete the Application.
- 2) The Application will be verified and reviewed for Approval based on confirmed and recognized Member name(s) listed on application.
- 3) I understand that any CARES assistance will be provided dependent upon available program funds and that I must complete and return this application in order to be eligible to receive this assistance for my household.
- 4) I further understand that, if requested, I may have to submit paid receipts.

I declare under penalty of perjury that the answers I have provided in this Application are true and correct to the best of my knowledge and ability.

Name (Print): _____ Date: _____

Name (Signature): _____