

Cheesh'na Tribal Council

P.O. Box 241 Chistochina, AK 99586 (907) 822-3503 822-5179 Fax

COVID-19 RESPONSE NEEDS ASSESSMENT CHEESH'NA TRIBAL COUNCIL COVID-19 ASSISTANCE PROGRAM

Please take time to fill out the following requested information. This will allow Cheesh'na Tribal Council ("CTC") the opportunity to deliver much needed assistance to our members, while maintaining compliance with the strict provisions on the use of the CARES Act funding. In addition, the information provided will allow CTC to connect our membership to existing financial assistance programs that may continue long after the pandemic.

The CTC Covid-19 Assistance Program intends that each tribal member and/or their household (including Non-Tribal), who can document a financial hardship which has been incurred as a result of the COVID-19 pandemic, may qualify to receive emergency financial relief.

PERSONAL INFORMATION

Applicant Contact Information		
First and Last Name		
Address		
Phone Number		
Email Address		
Preferred Method of Contact		
(phone or email)		
Preferred Time of Contact		
(morning/afternoon/evening)		

HOUSEHOLD INFORMATION

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Adults	First and Last Name	Age	High Risk (Y/N)	Teleworking (Y/N)
1				
2				
3				
4				

Children	First and Last Name	Age	High Risk (Y/N)	Distance Learning (Y/N)
1				
2				
3				
4				
5				

HOUSEHOLD INCOME (Please provide supporting documentation)

Household Income				
Monthly Income(s)	Prior to COVID	Post COVID		
Wages	\$	\$		
Social Security	\$	\$		
Unemployment	\$	\$		
Public Assistance (TANF, SNAP, etc.)	\$	\$		
Other (Child support, Royalties, VA):	\$	\$		
TOTAL	\$	\$		

HOUSEHOLD EXPENSES (Please provide supporting documentation)

Household Expenses					
Monthly Expenses	Prior to COVID	Post COVID			
Rent	\$	\$			
Utilities	\$	\$			
Food	\$	\$			

Telecom (cable, internet, phone)	\$ \$
Distance Learning IT	\$ \$
Other:	\$ \$
Other:	\$ \$
Total	\$ \$

- Medical and Safety We understand that an increase in expenses is not just limited to bills. Other expenses not listed above meant to protect you medically and/or ensure your safety during this time, please document those costs above.
- Hazard or Hardship Extend beyond your financial and medical circumstances. We understand our members face challenges due to COVID, regardless of location, income and medical situation. Include financial impacts and needs related to hardship above.

including, but no	pace below to export limited to safe lasures, etc. and pro-	housing, domes	stic violence, a	ccess to service	

CEI	RTIFICATION
3	hereby certify that I have experienced financial hardship above information is true and correct to the best of my knowingly and willfully makes a false statement may be
Signature:	
Name:	Date: