The Fallon Paiute-Shoshone Tribe’s COVID-19 Tribal Member Emergency Assistance Program is intended to assist Tribal members experiencing financial burdens directly related to or caused by the COVID-19 pandemic and therefore have a documented need via this application. Applicants must demonstrate financial need and impact directly related to or caused by the COVID-19 pandemic. Assistance is limited to all adult Tribal members who are 18 years of age or older as of October 13, 2020. Once approved, enrolled FPST Tribal member may receive $2,500 in emergency assistance.

How to Apply for the COVID-19 Tribal Member Emergency Assistance Program

Submit a completed application with the following verifications:

1. Proof of identity for the applicant (driver’s license or ID card); and
2. Proof of enrollment in the Fallon Paiute-Shoshone Tribe: Copy of Tribal Enrollment card (all Tribal members are eligible – whether living on or off Reservation/Colony); and
3. You must fill out the Section C of how the COVID-19 pandemic directly impacted your household; and
4. Tribal Members must be 18 years of age or older as of October 13, 2020.

**FAILURE TO PROVIDE THIS INFORMATION MAY DELAY THE PROCESSING OR RESULT IN THE DENIAL OF YOUR APPLICATION**

DEADLINE FOR SUBMITTAL OF APPLICATIONS IS NOVEMBER 20, 2020.
APPLICATIONS RECEIVED AFTER THIS DEADLINE WILL BE CONSIDERED INELIGIBLE.

- Assistance cannot be used for expenses incurred prior to March 18, 2020.
- Applications MUST be submitted via mail ONLY and will be processed in the order they are received.
- Applicants will receive a call when your application has been received. All approved applications will be submitted on Mondays of each week with a check mailed on Fridays.
- Checks received by adult members must be cashed immediately. Any checks not cashed before December 30th will not be re-issued, no exceptions.

Please mail your completed application and verifications to:

COVID-19 Emergency Assistance Program
565 Rio Vista
Fallon, NV 89406
Phone: (775)423-6075
APPLICATION FOR ASSISTANCE

Please print. Black or Blue ink only

Failure to complete all sections and questions and/or sign the application will delay the processing or result in the denial of your application.

A. APPLICANT INFORMATION

Name: ____________________________________________________________

First                                                   Middle                                            Last

FPST Enrollment Number: __________________________

Date of Birth: ___________ ____________

Contact Number: ________________ Alternate Contact Number: ____________________________

Physical Address: ____________________________________________________________

Address       City                          State                        Zip

Mailing Address: ____________________________________________________________

Address       City                          State                        Zip

Where would you like your assistance check mailed? _____ Physical Address    _____ Mailing Address

B. USE OF FUNDS

Use of funds must be consistent with expenditures related directly in response to the current COVID-19 pandemic, prevention of COVID-19 spread, and compliance with public health orders to “shelter in place” to mitigate the spread of the virus, the use of COVID-19 Emergency Assistance shall be for the purchase of the following, including but not limited to:

- Personal protective equipment (PPE)
- Rent
- Mortgage payments
- Food
- Fuel
- Emergency supplies
- Medical equipment
- Distance learning equipment
- Purchase of Wi-Fi, broadband and internet
- Equipment to check-in and monitor Tribal elders or those who continue to “shelter in place” and social distance
- Transportation costs to pick up and deliver medication/food to family who are ordered to “shelter in place”
- Other basic needs the household requires as a direct result of the COVID-19 Pandemic

Signature below verifies that this one-time, non-recurring emergency support will only be used for the above named essential needs in direct response to the COVID-19 Pandemic and State of Emergency
C. HOUSEHOLD IMPACT DIRECTLY RELATED TO COVID-19 PANDEMIC

THIS SECTION IS MANDATORY

Explain in detail how the COVID-19 (Coronavirus) directly affected your household’s ability to pay for and provide food, housing or other critical needs. Specifically address the amounts of expenses you have incurred in the assistance categories above or in other specific needs directly related to the COVID-19 pandemic that you are requesting assistance with from the Tribe. Also address how your household income cannot cover the expenses.
D. AUTHORIZATION

By signing this application, I am authorizing the Fallon Paiute-Shoshone Tribe, and its employees and agents, to make any investigation concerning me or any other member of my household that is necessary to determine eligibility for benefits received or to be received under the Tribe’s COVID-19 Tribal Member Emergency Assistance Program. I hereby authorize and consent to the release of any and all information concerning me to the Fallon Paiute-Shoshone Tribe, and its employees and agents, by the holder of the information regardless of the manner or form held, including without Tribal enrollment information, which may be made confidential by law. I hereby release the holder of such information from liability, if any, resulting from the disclosure of the required information.

I further understand I have the following obligations:

1. Respond within ten (10) calendar days to any requests for additional information needed to process my application. It is my responsibility to ensure the requested materials are mailed, emailed or faxed by the deadline. The Tribe is not responsible for lost or misdirected mail, email or faxes.
2. Cooperate with the Fallon Paiute-Shoshone Tribe in its efforts to secure all information necessary to determine eligibility or benefits.
3. Cooperate with the Tribe’s procurement process which states that check requests are filed on Mondays of each week and a check is processed on Thursdays. If your application is r

I hereby certify under penalty of perjury and/or fraud, all information provided in this application is true, correct and complete to the best of my knowledge and ability.

Print Name of Applicant: _________________________________________________________
Signature of Applicant: ____________________________ Date: ________________