



American Rescue Plan Act (ARPA) PANDEMIC RELIEF PAYMENT (PRP) APPLICATION

All questions MUST BE ANSWERED completely or application will be rejected

1. Full Name (First, Middle, and Last)

2. Date of Birth

3. Enrollment Number

4. Mailing Address (Street or PO Box, City, State, Zip Code)

5. Phone Number

6. Email Address

7. List ALL other names you have used (for CRST Enrollment Records)

Questions:		CIRCLE ONE:	
8	Did you apply for and <i>receive an ARPA ERA Payment from CRST in 2021?</i>	YES	NO
9	Do you still <i>live in the same physical location</i> as you did when you received your ERA Payment?	YES	NO
10	Has your <i>household income changed</i> significantly since you received your ERA Payment?	YES	NO
11	Has your <i>employment status changed</i> since you received your ERA Payment?	YES	NO
12	Are you <i>experiencing food insecurity</i> due to the COVID pandemic? (examples: increased grocery prices, limited access to grocery stores or other food sources, reduction in available food choices, or reduction in healthy food choices)	YES	NO
13	Are you <i>experiencing housing insecurity</i> due to the COVID pandemic? (examples: housing costs took much of your income, poor housing quality, domestic violence in home, poor neighborhood safety, overcrowding, loss of housing, homelessness)	YES	NO
14	Are you or any person in your household <i>still economically impacted</i> by the COVID-19 pandemic?	YES	NO
15	Are you <i>applying for any minor (under 18) Tribal member's PRP check?</i> ** If yes, you must also complete a Parent-Guardian Agreement Form **	YES	NO

16. Certification

I hereby certify that the above statements are true and correct to the best of my knowledge. By signing I certify that I suffered negative economic impacts of at least \$2,000 due to the COVID-19 pandemic. I understand that false statements made on this application are subject to penalties including, but not limited to, re-paying this Pandemic Relief Payment (PRP) and/or tribal or federal prosecution. If requested, I agree to submit evidence necessary to support my payment request. I have read the instructions and the PRP Policy for this Application, I declare that I understand its terms and conditions, and that I am signing my name in agreement to those terms and conditions.

****This Application must be notarized unless it is being submitted in person by the Applicant****

Print Name

Signature

Date

===== NOTARY WITNESS OF SIGNATURE =====

STATE OF _____)

) SS:

COUNTY OF _____)

This document, "Cheyenne River Sioux Tribe ARPA Pandemic Relief Payment Application," was signed before me on this _____ day of _____, 2022, by _____.

(SEAL)

Signature – Notary Public

My Commission Expires: _____

Printed Name – Notary Public

APPLICATION INSTRUCTIONS

1. Applications for the CRST ARPA Pandemic Relief Payment ("PRP") program will be available beginning on January 26, 2022. **Applications will be accepted and processed on a rolling basis until June 1, 2022. No applications will be accepted after that date.** Applications that are postmarked, emailed, faxed, or submitted in person on or before June 1, 2022, will be accepted.
2. Applications may be submitted in person, by US Mail, by email, or by fax to the address listed below. **If an application is submitted via US mail, email, or fax, the application must be notarized.** If it is not notarized, it will be rejected. The originals of any emailed or faxed applications do not need to be sent in or dropped off in person. They should be retained by the applicant.
3. All questions must be answered in full, or the application will be rejected as incomplete. Applicants must include their full name, including middle name, to make sure the PRP office can match the application with the applicant's CRST Enrollment Record. The PRP check will be issued to the name listed on the Applicant's Enrollment Record. If your legal name has not been updated with the Enrollment Office, do so before you apply for a PRP check. Having an old name listed on the CRST enrollment records will delay the issuance of your PRP check.
4. If an applicant does not meet the eligibility criteria to receive a PRP check their application will be denied. There is no appeal process for denied applications.
5. If an application is approved, the PRP check(s) will be sent to the recipient within 4-6 weeks via US Mail using the address listed on the application. **No electronic payments are being made, and payments cannot be picked up in person.**
6. If an applicant is applying for a minor Tribal member's PRP check, **the applicant must attach a properly completed and signed "Parent-Guardian Agreement as to PRP Payment to Minor Child(ren)."** If there is no Parent-Guardian Agreement submitted with an application that contains a request for PRP payment(s) for minor children, the child(ren)'s check will not be released. An applicant who is requesting a minor child's PRP check must provide current valid documentation that they are lawfully entitled to receive the child's PRP payment. **The information contained in the Parent-Guardian Agreement will be verified.**
7. Refer to the CRST ARPA Pandemic Relief Payment Program Policies and Rules for more information.

For questions or to submit your completed application:

CRST ARPA Pandemic Relief Payment Office

24332 Highway 212, PO Box 590

Eagle Butte, SD 57625

Phone: 605-964-8388

Fax: 605-220-5290

Email: crstarpacoordinator@gmail.com

===== **FOR OFFICE USE ONLY** =====

	<u>Verified by:</u>	<u>Date:</u>	<u>Comments:</u>
a. PRP Application form received	_____	_____	_____
b. Application assigned PRP number	_____	_____	PRP Number Assigned: _____
c. Applicant's prior ERA Application number	_____	_____	Prior ERA Number: _____
d. Enrollment confirmed	_____	_____	_____
e. Proof of guardianship of minors included (if applicable)	_____	_____	_____
f. Application properly signed/notarized	_____	_____	_____
g. Application meets criteria for PRP payment	_____	_____	_____
h. Check(s) mailed (include check numbers)	_____	_____	_____
i. Application rejected; applicant notified	_____	_____	_____