



# American Rescue Plan (ARP) ECONOMIC RECOVERY ASSISTANCE Program Policy and Rules

Approved by Tribal Council on July 7, 2021

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## I. Purpose; Use of Funds; Payment Considerations

### A. Purpose.

The Cheyenne River Sioux Tribal Council approved Resolution #135-2021-CR on June 28, 2021, which authorizes the payment of \$2,000.00 to any enrolled tribal member who needs economic assistance due to the negative economic impacts from the COVID-19 public health emergency. These funds are part of the Coronavirus State and Local Fiscal Recovery Fund ("FRF") funds authorized and appropriated in the federal American Rescue Plan ("ARP") Act, which was enacted by Congress in response to the COVID-19 public health emergency. The FRF funds within the ARP are received from and administered by the U.S. Department of the Treasury ("Treasury"). As stated by Treasury, "these resources lay the foundation for a strong, equitable economic recovery, not only by providing immediate economic stabilization for households and businesses, but also by addressing the systemic public health and economic challenges that may have contributed to more severe impacts of the pandemic among low-income communities and people of color." 86 Fed. Reg. 26788.

### B. Use of Funds for Cash Assistance.

The ARP Act states that a Tribal government may use FRF payments to cover costs incurred by the Tribal government to respond to the negative economic impacts of COVID-19, including assistance to households. As stated in its Interim Final Rule, Treasury has decided that, among other uses, FRF monies may be used to provide *cash* assistance to households or populations facing negative economic impacts due to COVID-19.

### C. Payment Eligibility and Amount Considerations.

In developing this Economic Recovery Assistance cash relief program and authorizing economic recovery assistance payments, the Tribe considered whether and the extent to which tribal member households have experienced a negative economic impact from the pandemic.

- In assessing whether a tribal member household suffered economic harm as a result of the pandemic, the Tribe presumes that a household that (1) experienced unemployment, (2) had increased food insecurity, (3) had increased housing insecurity, or (4) is low-income or moderate-income suffered negative economic impacts resulting from the pandemic. If a tribal member household is not low-income or moderate-income, but it suffered negative economic effects from the pandemic, it may still be eligible to receive cash assistance if the tribal member can show the specific negative economic impacts that occurred.
- All members who reside on the Cheyenne River Sioux Reservation are or were subject to travel restrictions, stay-at-home orders, mask mandates, curfew hours, and school closures in order to reduce the transmission of the COVID-19 virus. Other tribal members who do not reside on the Reservation are or were also subject to similar prevention mechanisms in their own communities of residence. While these modifications to daily life are or were necessary to prevent the spread of the virus, they had a negative effect on the members' social, mental, and economic health.

- Many tribal members, regardless of where they live, struggle with access to stable and reliable technology and communication. Being able to stay connected and informed and stave off feelings of isolation during the pandemic has had significant emotional and financial impacts on these members.
- Many tribal members' living situations underwent rapid, unexpected, and in some cases, undesirable changes as a result of the pandemic. This "housing insecurity," includes high housing costs relative to income, poor housing quality, domestic violence in home, poor neighborhood safety, overcrowding, loss of housing, homelessness, or other situations where there was lack of adequate or affordable housing. It will take time and money for these members to rebound back into safe and affordable housing.
- Tribal members, regardless of where they live, also suffer from food insecurity brought on by the COVID-19 pandemic. Many have seen, or are still currently experiencing, increased grocery prices, limited access to grocery stores or other food sources, or a reduction in available food choices (not to mention healthy food choices). This lack of consistent access to enough food for an active, healthy life has had negative physical and financial consequences on these members.
- Tribal members, both on and off the reservation and especially those who were working, trained, or educated in the hospitality, travel, entertainment, food, or manufacturing industries, experienced sudden and drastic unemployment or under-employment due to the COVID-19 pandemic. Many tribal members went weeks or even months without a full paycheck. Their economic recovery may take years to occur.
- Our young school-age Tribal members also suffered during the pandemic, and these impacts may have long-term economic consequences on them. Many CRST young members who were disproportionately served by remote education during the pandemic lacked the physical, technological, or parenting resources to participate fully in remote schooling. Many homes did not have access to the internet so the kids could not keep in contact with their teacher and classmates. Many caregivers in the home were either not present or simply not able to help the children with their schoolwork. The pandemic, therefore, likely widened the educational disparities and worsened long-term economic outcomes for these young Tribal members.
- As described in Treasury's Interim Final Rule, increased economic strain or material hardship in a household due to the pandemic may also have a long-term impact on health and economic outcomes of young (even birth-to-school-age) children. Adverse conditions in early childhood, including exposure to poverty, food insecurity, housing insecurity, or other economic hardships, are particularly impactful on young people as they grow older. It is a harsh fact that Cheyenne River Sioux Reservation residents suffer from high rates of poverty. In 2019, 31.3% of people in Dewey County and 42.5% of people in Ziebach County suffered from poverty, compared to 12.3% for the United States as a whole. A cash assistance payment to our youngest members will help alleviate their immediate economic burdens and keep them from slipping farther behind their peers as they grow older.
- As the economy recovers, the effects of the pandemic-related recession may continue to impact households, including a risk of longer-term effects on earnings and economic potential. For those reasons, the Cheyenne River Sioux Tribe sees a need to provide a one-time cash assistance payment to its eligible members.

## II. Program Operations, Eligibility, Terms and Conditions

### A. Program Beginning and Ending Dates.

Applications for the CRST ARP Economic Recovery Assistance (“ERA”) payment program will be available beginning on Monday, July 12, 2021. Applications will be accepted and processed on a rolling basis until December 31, 2021. The Application window closes on December 31, 2021. Any funds not distributed through the ERA payment program by February 28, 2022, will return to the Tribe's Fiscal Recovery Fund.

### B. Economic Recovery Assistance Office.

The Tribe has established the Economic Recovery Assistance Office, which operates under the supervision of the CRST Tribal Treasurer. The ERA Office is located in the CRST Finance Building along Hwy 212 in Eagle Butte, SD. The Office’s contact information is:

CRST ARP Economic Recovery Assistance Office  
24332 Highway 212  
PO Box 590  
Eagle Butte, SD 57625  
Phone: 605-964-8388  
Fax: 605-964-8394  
Email: crstarpacoordinator@gmail.com

### C. Accessing ERA Application.

The CRST Economic Recovery Assistance Payment Application (“ERA Application” or “Application”) can be accessed beginning on July 12, 2021, via the Tribe’s website at: [www.cheyenneriversiouxtribe.org](http://www.cheyenneriversiouxtribe.org). Blank Application forms can also be picked up in person at the ERA Office, or they can be sent to tribal members via email or US Postal Service. Tribal members may call or email the ERA Office to request an application be sent to them via email or US Postal Service. A blank Application form is attached to this Policy as Appendix A.

### D. Completion of the ERA Application.

All questions on the Application must be answered in their entirety. Incomplete applications will be rejected. Applications must be signed. The tribal member’s signature on the Application is attesting to the accuracy and truthfulness of the information provided.

### E. Submission of the ERA Application.

Completed ERA Applications can be submitted in person or via US Postal Service. Applications received in person do not need to be notarized. If a tribal member is submitting an Application in person, identification must be presented at the time of submission. ERA Applications submitted other than in-person must be notarized. Applications are assigned a tracking number at the time of submission.

F. Review of Applications.

All applications are reviewed to ensure that the applicant meets the eligibility criteria for a CRST Economic Recovery Assistance payment. Enrollment information is verified. The Application is also reviewed to see if the Applicant indicates that they (1) are below the federal low-to-moderate income threshold, (2) were unemployed, (3) experienced food insecurity, or (4) experience housing insecurity during the COVID-19 pandemic. If the applicant states that none of these factors apply, the Application is then reviewed to determine whether the applicant has met any other eligibility criteria to receive an ERA payment. If an Application includes requests for ERA payments to minors, the Application is reviewed to verify that the applicant is legally authorized to receive the minor's ERA payment.

G. Denial of Applications.

If an applicant does not meet the eligibility criteria to receive an ERA payment, either because their tribal enrollment cannot be verified, or they have not indicated that they were negatively economically affected by the COVID-19 pandemic, or they fail to meet any other eligibility criteria, their Application will be denied. There is no appeal process for denied applications.

H. Distribution of ERA Payments.

The ERA Office will notify an applicant within 2 weeks of submission about whether their Application meets the eligibility criteria for an ERA Payment. If an Application is approved, the ERA payment check(s) can either be picked up in person or sent to the recipient via US Postal Service. ACH, wire transfers, or other electronic payments are not being made. If an ERA payment recipient cannot pick up the check(s) themselves and do not want their check(s) mailed to them, they may designate and authorize someone to pick them up on their behalf by completing and submitting the form, "Authorization to Release ARP Economic Recovery Assistance Payment Check." A copy of the authorization form is attached to this Policy as Appendix B.

I. Records Retention; Use and Confidentiality of Application Contents.

The Tribe will retain all ERA Applications received as long as required to meet federal audit guidelines and as necessary to update the CRST Tribal Census. The Tribe will take steps to keep the financial information contained in Applications confidential, but the Tribe may be required to provide a copy of this application to the U.S. Treasury Department to demonstrate compliance with the ARP, FRF, and applicable regulations and guidelines. The Tribe will use the physical address of on-reservation members to update the decennial census, as required by CRST Tribal Court Order. In addition, the Tribe may use aggregated statistical data for the purposes of advocating for additional federal, state, and other funding and services for the Tribe and its members.

J. Enrollment in CRST.

All applicants, including any minor children, must be enrolled tribal members of CRST as of October 1, 2021.

K. Payments to Minor Children.

1. The Tribal Council and Tribal Administration cannot and will not mediate or decide custody disputes related to the payment of minors' ERA payments. If there is any dispute over who should receive a child's ERA payment, the check will be held by the Tribe until documentation is provided that ensures the minor child's ERA payment is being given to an adult who has legal and/or physical custody of the child and who will utilize the funds to provide economic recovery assistance to the child.
2. If the child(ren)'s parents/legal guardians agree as to who should receive the child's ERA payment, they must complete and sign ERA Form "Parent-Guardian Agreement as to ARP ERA Payment to Minor Child(ren)." The designation contained in that form will be relied upon by the Tribe and, by claiming or directing the payment of the ERA payment for any eligible minor children, the parents/legal guardians release the Tribe from any liability whatsoever that may arise related to the distribution of these funds. The parent/guardian agreement form is attached to this Policy as Appendix C.
3. If there is no parent/guardian agreement form (as described in Sub-paragraph #2 above) submitted with an Application that contains a request for ERA payment(s) for minor children, then the adult who is requesting a minor child's ERA payment must provide other documentation that they are lawfully entitled to receive the child's ERA payment. Documentation could include a current and valid court order (entered or re-certified within the past 30 days) showing who has legal and physical custody of the child, or a copy of any recent (within the past 30 days) tribal, state, or federal program document that shows the adult applicant has legal and physical custody of the child. Documentation of legal and physical custody may be made using other sources, and the Tribe reserves the right to request whatever documentation may be needed to ensure that the minor child's ERA payment is being given to an adult who has legal and physical custody of the child and who will utilize the funds to provide economic recovery assistance to the child.

L. Payments to Adults Who are Under Legal Guardianship

1. A court- appointed legal guardian may receive the ERA payment for an adult who has been declared legally incompetent by a court ("ward").
2. An ERA Application form must be completed on behalf of the ward by the legal guardian, including the ward's name, date of birth, Tribal enrollment number, and other pertinent information included in the Application.
3. Included with the Application must be a copy of the ward's current valid government-issued photo ID (Tribal, state, or federal), if any, and the most current court order (entered or re-certified within the past 30 days) showing who has legal custody over the financial affairs of the ward.

M. Payment for COVID-related Economic Needs Only.

Assistance is being given only to address economic needs arising from the COVID-19 public health emergency and its negative economic impacts on the applicant's household. An applicant must show a need for cash assistance due to the COVID-19 pandemic. The ERA payment is not a per capita payment. In order to ascertain whether an applicant has

been negatively economically impacted, they must answer all questions presented on the Application form.

- N. Unreimbursed Expenses Only.  
An applicant's claim of negative economic impacts from the COVID-19 public health emergency cannot be based on any expense that has been or will be reimbursed under any other tribal, state, or federal program, or insurance.
- O. Documentation Made Available Upon Request.  
An applicant must have a copy of all evidence needed to support their claim of negative economic impacts from the COVID-19 public health emergency attested to in the application, and they must furnish a copy of such evidence to the Tribe upon demand.
- P. Member Responsible for Taxes, If Any Required.  
While ERA Payments are structured with the intent that the assistance will be non-taxable to CRST members under the Tribal General Welfare Exclusion Act and IRS Revenue Procedure 2014-35, if the IRS deems the assistance taxable, then the tribal member - not the Tribe – is responsible for any taxes, interest, and penalties.
- Q. No Obligation Upon Tribe.  
Nothing in the CRST ARP Economic Recovery Assistance Program creates any legally enforceable obligation against the Tribe or waives the sovereign immunity of the Tribe or any of its agents or employees.
- R. Accuracy and Truthfulness of Application Contents.  
The information submitted in the Application is certified to be true and accurate in all material respects. The Applicant understands that knowingly making a false statement to obtain cash assistance from CRST ARP Economic Recovery Assistance Program is punishable under the tribal and/or federal law.

### **III. Program Modifications; Effective Date**

- A. Program Modifications.  
The CRST ARP Economic Recovery Assistance payment program may be modified as needed to comply with any updates to either the Interim Final Rule or the Frequently Asked Questions issued by the US Dept of Treasury governing these funds.
- B. Effective Date.  
This “CRST ARP Economic Recovery Assistance Program Policy and Rules” becomes effective on the date it is approved by Tribal Council.



# American Rescue Plan (ARP) ECONOMIC RECOVERY ASSISTANCE APPLICATION

**All questions *MUST BE ANSWERED* completely or application will be rejected as incomplete**

1. Name \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_ 3. Enrollment Number \_\_\_\_\_

4. Physical Address (Street, City, State, Zip Code) \_\_\_\_\_

5. Mailing Address \_\_\_\_\_

6. Phone Number \_\_\_\_\_

7. Email Address \_\_\_\_\_

8. If you physically reside on the Cheyenne River Reservation, do you know what **District you live in?** (*Select one answer*)

\_\_\_\_\_ **YES**, I live in District # \_\_\_\_\_ (or) \_\_\_\_\_ **NO**, I do not know what District I live in (or) \_\_\_\_\_ **N/A**, I live off-reservation

9. If you physically reside on the Cheyenne River Reservation, **does your house have:** (*Answer each question below*)

a. **Hot & Cold Running Water?** \_\_\_ Yes \_\_\_ No ∞ b. **Heat?** \_\_\_ Yes \_\_\_ No ∞ c. **Internet?** \_\_\_ Yes \_\_\_ No

10. (OPTIONAL) Is the **TOTAL INCOME in your household** lower than the amount shown in the table below for your household size?

NUMBER OF PEOPLE IN HOUSEHOLD											
1	2	3	4	5	6	7	8	9	10	11	12
\$63,420	\$72,480	\$81,540	\$90,600	\$97,848	\$105,096	\$112,344	\$119,592	\$126,840	\$134,088	\$141,336	\$148,584

\_\_\_\_\_ **YES**, our **household income is lower** than the amount listed for our household size.

\_\_\_\_\_ **NO**, our **household income is higher** than the amount listed for our household size.

11. Did you **experience unemployment** due to the COVID-19 pandemic?

\_\_\_\_\_ **YES**, I was unemployed (or) \_\_\_\_\_ **NO**, I was not unemployed (or) \_\_\_\_\_ **N/A** I am not/was not employed

12. Did you **experience food insecurity** due to the COVID-19 pandemic? (ex: increased grocery prices, limited access to grocery stores or other food sources, a reduction in available food choices, or a reduction in healthy food choices)

\_\_\_\_\_ **YES**, I experienced food insecurity (or) \_\_\_\_\_ **NO**, I did not experience food insecurity (or) \_\_\_\_\_ I'm not sure if I did

13. Did you **experience housing insecurity** due to the COVID-19 pandemic? (ex: housing costs took much of your income, poor housing quality, domestic violence in home, poor neighborhood safety, overcrowding, loss of housing, homelessness)

\_\_\_\_\_ **YES**, I had housing insecurity (or) \_\_\_\_\_ **NO**, I did not have housing insecurity (or) \_\_\_\_\_ I'm not sure if I did

14. Do you or any person in your household currently **receive assistance** from any of the following **federal, state, or tribal programs?** (*Check all that apply.*) \_\_\_\_\_ **NONE** – Not receiving assistance from any of these programs.

\_\_\_\_\_ FDPIR ("Commodities")

\_\_\_\_\_ TANF

\_\_\_\_\_ LIHEAP

\_\_\_\_\_ SNAP (also known as Food Stamps)

\_\_\_\_\_ WIC

\_\_\_\_\_ CHIP - Children's Health Insurance

\_\_\_\_\_ Head Start

\_\_\_\_\_ Medicaid

\_\_\_\_\_ Child Nutrition Programs (Ex:  
Free or reduced school lunches  
and breakfast)

\_\_\_\_\_ Subsidized Housing thru Tribal,  
state, or county housing program  
(ex: Section 8, housing vouchers,  
or tax credit housing)

\_\_\_\_\_ EITC - Earned Income Tax Credit

\_\_\_\_\_ SSI - Supplemental Security Income

\_\_\_\_\_ Pell Grant Program for Higher  
Education

\_\_\_\_\_ BIA Direct Assistance (Ex: GA, Child  
Assistance, Custodial Care, other...)



15. Indicate all the ways in which you and/or your household were **economically impacted by the COVID-19 pandemic** (Check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Increased rent or mortgage costs   | <input type="checkbox"/> Child's school was closed or in remote learning for part of 2019-20 or 2020-2021 school year   |
| <input type="checkbox"/> Difficulty making mortgage or rent payments due to lower income  | <input type="checkbox"/> Increased expenses related to remote learning  |
| <input type="checkbox"/> Increased expenses due to additional people in home (food, utilities, PPE, cleaning supplies, personal care items, etc...) | <input type="checkbox"/> Increased costs related to displacement from higher ed program or campus (ex: computer equip, broadband, security deposits, first & last month's rent) |
| <input type="checkbox"/> Moving expenses due to forced relocation   | <input type="checkbox"/> Increased childcare expenses   |
| <input type="checkbox"/> Increased expenses for home repairs and weatherization to make house a safe place to shelter during pandemic               | <input type="checkbox"/> Increased expenses to comply with stay-at-home and quarantine orders (food, utilities, cleaning supplies, personal care items, etc...)                 |
| <input type="checkbox"/> Increased grocery expenses   | <input type="checkbox"/> Increased expenses for sanitizing and PPE needs  |
| <input type="checkbox"/> Reduced employment or unemployment   | <input type="checkbox"/> Additional expenses or lost income due to prolonged COVID-19 illness   |
| <input type="checkbox"/> Had to seek job training or re-training  | <input type="checkbox"/> Increased costs associated with caring for household members with COVID-19   |
| <input type="checkbox"/> Increased expenses related to telework   | <input type="checkbox"/> Burial expenses for COVID-19-related death of household member   |
| <input type="checkbox"/> Increased transportation costs due to medical, educational, work, or childcare needs during pandemic                       | <input type="checkbox"/> Surviving spouse or dependent of someone who died from COVID-19  |
| <input type="checkbox"/> Loss or reduction of health insurance coverage or increased health insurance premiums                                      | <input type="checkbox"/> Other (please describe): _____   |

16. List any **children** who are under the age of 18 at the time of this application, who are enrolled with the Cheyenne River Sioux Tribe as of October 1, 2021, and who live in your household. You are required to provide confirmation that you have legal custody and authority to receive any minors' Economic Recovery Assistance payment by also submitting the form, "Parent-Guardian Agreement as ARP ERA Payment to Minor Children." (See instructions)

First Name	Middle	Last Name	DOB	Enrollment #

17. **Distribution of check(s).** (Check one)

- I will pick up my check, and the checks of any minors under my legal guardianship as described in Question 13, in person. If I cannot pick up the check(s) myself, I will designate and authorize someone to pick them up on my behalf. (If someone will be picking up your check(s), complete and return the "Authorization to Release ARP Economic Recovery Assistance Payment Check" form.)
- I want my check mailed to me at the "Mailing Address" listed in Question #5 above.



## **APPLICATION INSTRUCTIONS**

### **General Instructions:**

1. Applications for the CRST ARP Economic Recovery Assistance (“ERA”) payment program will be available beginning on Monday, July 12, 2021. Applications will be accepted and processed on a rolling basis until December 31, 2021. The Application window closes on December 31, 2021. No applications will be accepted after that date.
2. Applications may be submitted in person or by US Postal Service. If an application is submitted via US Postal Service, the application and all supporting documents must be notarized. If an application is submitted in person, the Applicant must show valid ID at the time of submission.
3. All questions must be answered in full, or the application will be rejected as incomplete. Detailed instructions for each question are included below. All applications are reviewed to ensure that the applicant meets the eligibility criteria for a CRST Economic Recovery Assistance payment.
4. If an applicant does not meet the eligibility criteria to receive an ERA payment, either because their tribal enrollment cannot be verified, or they have not indicated that they were negatively economically affected by the COVID-19 pandemic, or they fail to meet any other eligibility criteria, their application will be denied. There is no appeal process for denied applications.
5. The ERA Office will notify an applicant within 2 weeks of submission about whether their application meets the eligibility criteria for an ERA payment. If an application is approved, the ERA payment check(s) can either be picked up in person or sent to the recipient via US Postal Service. ACH, wire transfers, or other electronic payments are not being made.
6. The Tribe will retain all ERA Applications received as long as required to meet federal audit guidelines and as necessary to update the CRST Tribal Census. The Tribe will take steps to keep the financial information contained in Applications confidential, but the Tribe may be required to provide a copy of this application to the U.S. Treasury Department to demonstrate compliance with the ARP, FRF, and applicable regulations and guidelines. The Tribe will use the physical address of on-reservation members to update the decennial census, as required by CRST Tribal Court Order. In addition, the Tribe may use aggregated statistical data for the purposes of advocating for additional federal, state, and other funding and services for the Tribe and its members.

Questions or to submit your completed application:

**CRST ARP Economic Recovery Assistance Office**  
**24332 Highway 212, PO Box 590**  
**Eagle Butte, SD 57625**  
**Phone: 605-964-8388**  
**Email: crstarpacoordinator@gmail.com**

<b>Question number</b>	<b>Instructions for completion</b>
<b>1</b>	Applicant’s <b>name</b> as it appears on their CRST Enrollment Record. If current name is different than that listed on CRST enrollment records, Applicant needs to submit documentation that correlates the different names (marriage license, divorce decree, etc.....)
<b>2</b>	Applicant’s <b>date of birth</b> . This question is self-explanatory.
<b>3</b>	Applicant’s <b>CRST Enrollment Number</b> . If this number is not known, please contact the CRST Enrollment Office at (605) 964-6612 for assistance.
<b>4</b>	Applicant’s <b>physical address</b> . DO NOT enter a PO Box, HCR, or other mail delivery address. For residents of the Cheyenne River Sioux Reservation, this information will also be utilized to update the CRST Census.
<b>5</b>	Address <b>where Applicant receives mail</b> . If the Applicant requests their check to be mailed, this is the address where the check will be sent.
<b>6</b>	Applicant’s <b>phone number</b> , in case the ERA Office needs to contact you for additional information.
<b>7</b>	Applicant’s <b>email address</b> , in case the ERA Office needs to contact you for additional information.

8	For Reservation residents: If you know <b>what District you currently live in</b> , check “Yes” and enter your District number. If you do not know what your District is, please mark “No” For non-Reservation residents: Mark “N/A”
9	For Reservation residents: Indicate whether your home has <b>running hot and cold water, heat, and internet access</b> . This information will be kept confidential. All answers will be aggregated and the totals may be used for future funding requests or project planning by the Tribe.
10	<b>Low-income and Moderate-income determination.</b> This question is optional but, if you are low-income to moderate-income per the federal poverty guidelines, it will assist the Tribe in documenting that you are eligible for an ERA payment. Find your total household size in the table. If your adjusted gross income as reported on your most recent federal tax return is <i>lower</i> than the amount shown for your household size, check the box marked, “Yes.” If your adjusted gross income is <i>higher</i> than the amount shown in the table for your household size, check the box marked, “No.” If your income is lower than the amount shown for your household size, you and/or your household are presumed to be eligible for an ERA payment.
11	If you or any member of your household was <b>unemployed</b> during the COVID-19 pandemic, check “Yes.” If you were unemployed during the pandemic, check “No.” If you were not or are not employed outside of the home during the COVID-19 pandemic, check, “I am not/was not employed.” If you were unemployed during the COVID-19 pandemic, you and/or your household are presumed to be eligible for an ERA payment.
12	If you or any member of your household experienced <b>food insecurity</b> (see the examples listed on the Application) as a result of the COVID-19 pandemic, check “Yes.” If you did not experience food insecurity, check “No.” If you are not sure, or prefer not to disclose whether you experienced food insecurity, check “I’m not sure.” Individuals and their household members who experienced food insecurity as a result of the COVID-19 pandemic are presumed to be eligible for an ERA payment.
13	If you or any member of your household experienced <b>housing insecurity</b> (see the examples listed on the Application) as a result of the COVID-19 pandemic, check “Yes.” If you did not experience housing insecurity, check “No.” If you are not sure, or prefer not to disclose whether you experienced housing insecurity, check “I’m not sure.” Individuals and their household members who experienced housing insecurity as a result of the COVID-19 pandemic are presumed to be eligible for an ERA payment.
14	Mark the line next to all <b>tribal, state, or federal programs from which you received assistance</b> or otherwise participated in during or after the COVID-19 pandemic. Mark as many of the programs as apply. If you did not receive assistance from any of these programs, mark “None.”
15	Mark the line next to all descriptions of <b>ways in which you and/or your household were economically impacted by the COVID-19 pandemic</b> . Mark as many of the situations as apply.
16	List the names of <b>all CRST-enrolled children under the age of 18 for whom you are applying for an ERA payment</b> . The applicant must also complete and sign the ERA form “ <b>Parent-Guardian Agreement as to ARP ERA Payment to Minor Children.</b> ” The designation contained in that form will be relied upon by the Tribe and, by claiming or directing the payment of the ERA payment for any eligible minor children, the parents/legal guardians release the Tribe from any liability whatsoever that may arise related to the distribution of these funds
17	Indicate whether you want to <b>pick up your check(s) or have them mailed</b> . If you want to authorize someone else to pick up your check when it is ready, you will also need to complete and submit the ERA form, “ <b>Authorization to Release ARP ERA Payment Check.</b> ”
18	<b>Application must be signed.</b> Signature certifies, under penalty of law, that all the information submitted is correct and truthful. If the Applicant is not submitting the Application in person, the signature must be notarized. If an Application is submitted via US Postal Service without being notarized, it will be rejected.



# AUTHORIZATION TO RELEASE ARP ECONOMIC RECOVERY ASSISTANCE PAYMENT CHECK

# \_\_\_\_\_

I, \_\_\_\_\_, have submitted an Application for CRST ARP Economic Recovery Assistance. By signing below, I am certifying that I am unable to pick up my check(s) myself in person or have it/them mailed to me. I am authorizing the individual named below to pick up my CRST ARP Economic Recovery Assistance check(s). I understand that by signing this form, I release CRST of any liability for the check once it is given to the person I have designated and authorized to pick up the check(s) for me.

**AUTHORIZED DESIGNEE TO RECEIVE CHECK(S):**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Unless this Authorization is being submitted in person by the Applicant, **it must be notarized.**

_____	_____	_____
Print Name	Signature	Date
*****		
STATE OF _____ )		
	) SS:	
COUNTY OF _____ )		

This document, "AUTHORIZATION TO RELEASE ARP ECONOMIC RECOVERY ASSISTANCE PAYMENT CHECK," was signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2021, by \_\_\_\_\_.

\_\_\_\_\_  
Signature – Notary Public

(SEAL)

\_\_\_\_\_  
Printed Name – Notary Public

My Commission Expires: \_\_\_\_\_

\*\*\*\*\*

**ACKNOWLEDGEMENT OF RECEIPT OF CHECK(S):**

I verify that I received the following Economic Recovery Assistance check(s) payable to the individual(s) listed from the CRST Economic Recovery Office on \_\_\_\_\_, 2021.

Check Number:	Payable to:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____	_____
Print Name	Signature	Date

===== FOR OFFICE USE =====

Identification of Person Picking Up Check(s) Verified:	_____	_____
	Staff Initials	Date

Check(s) Released:	_____	_____
	Staff Initials	Date



# PARENT/GUARDIAN AGREEMENT

Appendix C

# \_\_\_\_\_

AS TO

## ARP ERA PAYMENT

TO

## MINOR CHILD(REN)

**IF TWO PARENTS:  
COMPLETE THIS  
SECTION**

We, \_\_\_\_\_ and \_\_\_\_\_ are the parents of the minor child(ren) named below. There is no existing court order regarding custody of our child(ren). We agree that the adult who may apply for and, if eligible, receive the ERA payment for each child is as shown below:

**IF ONE PARENT  
ON BIRTH  
CERTIFICATE:  
COMPLETE THIS  
SECTION**

I, \_\_\_\_\_, am the sole parent of the minor children named below. There is no existing court order regarding custody of my children, and I am the only parent named on the birth certificate. I am the only person who is legally authorized to apply for my child(ren)'s ERA payment.

Check one:

My child(ren) reside with me in my household. (OR)

I agree that the adult who may apply for and, if eligible, receive the ERA payment for each child is as shown below:

**IF LEGAL  
GUARDIAN:  
COMPLETE THIS  
SECTION**

I, \_\_\_\_\_, am the legal guardian of the minor children named below. There is an existing court order regarding custody of these children that shows I am the legal guardian. I am the individual who is legally authorized to apply for these child(ren)'s ERA payment. These children currently reside with me.

CHILDREN'S NAME	DATE OF BIRTH	ENROLLMENT #	PERSON TO RECEIVE ERA PAYMENT

(attach additional sheets if necessary)

By signing below, we/I verify that the above information is correct, and we/I agree to the above-described designation of ERA payments for our/my child(ren). By claiming or directing the payment of the CRST ARP ERA payment for any of the above-listed minor children, we/I hereby release the Cheyenne River Sioux Tribe from any liability whatsoever that may arise related to the distribution of these funds.

Unless this Authorization is being submitted in person by the Applicant, **it must be signed and attached to a notarized Application.**

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date