



PARENT/GUARDIAN AGREEMENT

AS TO

ARPA PRP PAYMENT to MINOR CHILD(REN)

**** This form must be signed and attached to a valid PRP Application****

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 January 19, 2022, and who live in your household. **You are required to provide confirmation that you have legal and/or physical custody and authority to receive any minors' Pandemic Relief Payment.** See PRP Policy and Rules for more details about acceptable forms of verification. No minors' PRP checks will be released until verification is confirmed.

First Name	Middle	Last Name	DOB	Enrollment #

(attach additional sheets if necessary)

CHOOSE and COMPLETE ONE:

We are the parents of the child(ren) listed above. Our names are on the child(ren)'s birth certificate. 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 PRP check for the child(ren) listed above is: _____

There is an existing valid court order regarding **permanent** (not emergency or temporary) custody of the child(ren) listed above. A recently re-certified copy is attached. There are no other permanent custody orders from any other court regarding the child(ren). The attached court order says that _____ has legal and physical custody of the child(ren) listed above, so she/he may receive the child(ren)'s PRP check.

Although there may be 1 or 2 biological parents listed on the above child(ren)'s birth certificate(s), there is no existing court order from any jurisdiction regarding custody of the child(ren). I, _____ am the sole (CIRCLE ONE) **parent / guardian / caretaker** of the child(ren) listed above. The child(ren) live with me full time at the address listed on my PRP application, and nowhere else. Because they live with me full time, no one else may claim their check. I have attached the following documentation proving this to be true:

By signing below, we/I verify that the above information is correct, and we/I agree to the above-described designation of PRP payments for the child(ren) listed above. By claiming the payment of the CRST ARPA PRP 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. 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.

This Parent-Guardian Agreement must be signed and attached to a valid PRP Application.

Parent/Guardian/Caretaker - Signature

Parent #2 – Signature

Printed Name

Printed Name

Date: _____

Date: _____