

IMPORTANT

DO NOT turn this form in physically.

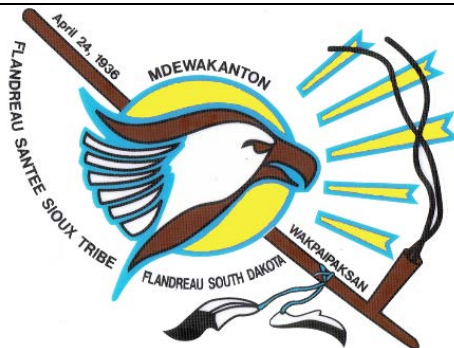
Instead, email it to socialservices@fsst.org

as directed in the document.

FLANDREAU SANTEE SIOUX TRIBE
CORONAVIRUS ISOLATION ASSISTANCE PROGRAM

The Flandreau Santee Sioux Tribe hereby develops the Coronavirus Isolation Assistance Program for individuals who are effected by Coronavirus. These funds are to be used only to provide specific relief to individuals and families that are effected by coronavirus. These funds can only be used for the following: housing expenses (rent, mortgage), utility payments, household necessities, prescription medicine and medical expenses, food, and any other items that are necessary during isolation. If someone has been directed by their medical provider to isolate and care for themselves at home, they may apply for up to two weeks at one time.

ELIGIBILITY:	<p>Individuals are eligible for this program if they:</p> <ol style="list-style-type: none"> 1. Reside in Moody County, South Dakota or work for the Flandreau Santee Sioux Tribe, and 2. Test positive for COVID-19, or who has someone in their household test positive for coronavirus. <p>***Please note that you do not need to be a member of the Flandreau Santee Sioux Tribe to apply for this program.</p>
SERVICES PROVIDED:	<ol style="list-style-type: none"> 1. \$500 prepaid VISA card to the individual. There will be only one payment made per household per week if necessary. 2. \$100 Hy-Vee gift card to the individual. There will be only one gift card provided per household per week.
PURCHASING ASSISTANCE:	<p>Efforts should be made by the individual to make payments online for necessary expenses, and the Tribe will attempt to assist in the collection and delivery of grocery items, if they are ordered online at the Hy-Vee in Brookings. Pickup can be coordinated through the FSST Social Services Department (605) 573-4218.</p>
APPLICATIONS:	<p>To apply for this program, the following must be submitted to FSST Social Services by e-mail at socialservices@fsst.org.</p> <ol style="list-style-type: none"> 1. Completed and Signed Flandreau Santee Sioux Tribe Coronavirus Relief Program Application. 2. A written and signed medical note from the medical provider who is caring for the COVID-19 patient with a directive to isolate.
DISCLOSURES:	<ul style="list-style-type: none"> - All applications will be considered as they are received. - This program is subject to available funding, and may be cancelled without notice by the Tribe. - Misuse of these funds and/or fraudulent applications will be prosecuted in accordance with applicable law. - No retroactive applications will be accepted. - Program participant is expected to comply with isolation direction from their medical provider. Failure to comply will cancel eligibility and support and may constitute fraud and any penalties related.
EFFECTIVE DATE:	Approved by the FSST Executive Committee on May 12, 2020.



APPLICATION FORM – FSST CORONAVIRUS ASSISTANCE PROGRAM

Please fill out this form completely. Incomplete forms will not be accepted.

Legal Name: _____
Social Security #: _____ (only used for IRS purposes)
Street Address: _____
City/State/ZIP: _____
Phone #: _____ Fax #: _____
E-Mail Address: _____

Are you a member of the Flandreau Santee Sioux Tribe? Yes ___ No ___
Are you a member of a different federally recognized Tribe? Yes ___ No ___
If yes, which Tribe? _____

Who lives in your household?

Name	Enrollment #	Age	Gender	Relationship

Have you tested positive for COVID-19? Yes ___ No ___
Date of positive test: _____
Physician name: _____ Physician phone #: _____
Testing facility name: _____

Did a physician order that you remain isolated at home or a medical facility?
Yes ___ No ___

How long must you remain isolated? _____
Do you want assistance in picking up groceries? Yes ___ No ___

I, the undersigned applicant, hereby submit that this form is true and accurate to the best of my knowledge. I further authorize the Flandreau Santee Sioux Tribe to validate this information and consent to the use of any and all information provided, including the note from the medical provider.

Signature: _____ Birthdate: _____

Name (printed): _____ Date: _____

Send this application and a written and signed medical note from the medical provider who is caring for the COVID-19 patient with a directive to isolate by e-mail to socialservices@fsst.org. If you have questions regarding this form, please call (605) 573-4218. Your medical provider may fax their note to (877) 508-0413.