

# IMPORTANT

---

**DO NOT turn this form in physically.**

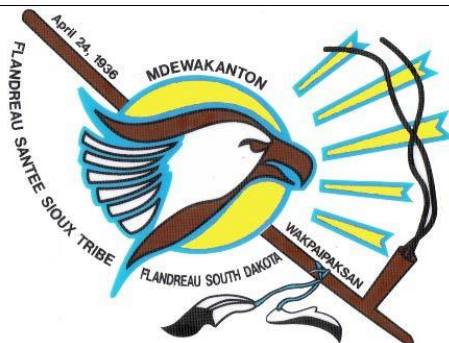
**Instead, email it to [socialservices@fsst.org](mailto:socialservices@fsst.org)**

**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 one week at a time. If an additional week is needed, a statement of need must be provided, with the week two application.

<b>ELIGIBILITY:</b>	<p>Individuals are eligible for this program if they:</p> <ol style="list-style-type: none"> <li>1. Reside in Moody County, South Dakota</li> <li>2. Are enrolled members of the Flandreau Santee Sioux Tribe, enrolled in a federally recognized tribe, or employed by any of the Flandreau Santee Sioux Tribe's business entities.</li> <li>3. Test positive for COVID-19 or who has someone in their household test positive for coronavirus.</li> </ol> <p>***Please note that you do not need to be a member of the Flandreau Santee Sioux Tribe to apply for this program.</p>
<b>SERVICES PROVIDED:</b>	<ol style="list-style-type: none"> <li>1. \$500 prepaid VISA card to the individual. There will be one payment made per household during week one.</li> <li>2. \$100 Hy-Vee gift card to the individual. There will be one gift card provided per household for week one.</li> <li>3. For week two the individual must provide a statement of need for additional benefits. If the statement of need is not provided the request for additional relief assistance will be denied.</li> </ol>
<b>PURCHASING ASSISTANCE:</b>	<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) 997-5055.</p>
<b>APPLICATIONS:</b>	<p>To apply for this program, the following must be submitted to FSST Social Services by e-mail at <a href="mailto:socialservices@fsst.org">socialservices@fsst.org</a>.</p> <ol style="list-style-type: none"> <li>1. <b>Completed and Signed Flandreau Santee Sioux Tribe Coronavirus Relief Program Application.</b></li> <li>2. <b>A written and signed medical note from the medical provider who is caring for the COVID-19 patient with a directive to isolate.</b></li> </ol>
<b>DISCLOSURES:</b>	<ul style="list-style-type: none"> <li>- All applications will be considered as they are received.</li> <li>- This program is subject to available funding and may be cancelled without notice by the Tribe.</li> <li>- Misuse of these funds and/or fraudulent applications will be prosecuted in accordance with applicable law.</li> <li>- No retroactive applications will be accepted.</li> <li>- 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.</li> </ul>
<b>EFFECTIVE DATE:</b>	<p>Approved by the FSST Executive Committee on October 22, 2020. (Revised August 31, 2021)</p>



# APPLICATION FORM - FSST CORONAVIRUS ASSISTANCE PROGRAM

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

Legal Name: _____			
Social Security Number (Only Used For IRS Purposes): _____			
Address: _____			
City, State, ZIP: _____			
Phone: _____			
Fax Number: _____			
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	Age	Gender	Relationship
Have you tested positive for COVID-19? Yes ___ No ___			
Date of Positive Test _____			
Physician Name _____			
Physician Phone Number _____			
Testing Facility Name: _____			
Has someone in your household tested positive for COVID-19? Yes ___ No ___			
Date of Positive Test _____			
Physician Name _____			
Physician Phone Number _____			
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 ___			
<b>SIGNATURE:</b> 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.			
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](mailto: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.