



Flandreau Santee Sioux Tribe

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Off Reservation Covid Asst

Please print clearly

Purpose: To assist Off Reservation Member households with the negative economic impact due to the COVID-19 pandemic. Only one benefit (1) per Off Reservation household. There is a limit amount of \$500 for enrolled Tribal members not residing on the reservation. All bills must be submitted in member's name. **Closing date is December 31, 2021**

Mail/Email To: Flandreau Santee Sioux Tribe PO Box 283 Flandreau, SD 57028 (All forms must be submitted by mail or email) Marcie.walker@fsst.org or Taunya.kruse@fsst.org

INCOMPLETE FORMS WILL NOT BE PROCESSED MAKE SURE TO FILL OUT BACK SIDE

Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

FSST Enrollment Number: _____

Please list all members of your household including yourself. (List Head of household first)

Name	Age	Gender	Enrollment #	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How were you effected by COVID-19?

Please check all that apply:

- Loss of income (lost job, furloughed, laid off, decreased hours worked, business closed/decreased revenue, etc.)
- Increased cost of living (increase of monthly food bill, utilities, assessing essential services, etc.)
- Increase cost of health precautions. (50yr+, disabled, underlying health conditions: self/household member)
- Added costs for household safety and protection from COVID-19 (clothing, sanitation etc.)
- Added cost of depended care (distance learning, child care, health and wellness)
- Loss of income due to household death due to COVID-19
- Responsible for funeral costs due to death of family member(s) due to COVID-19
- Other (Please explain)

Assistance requested: (Bills must be in applicant's name)

Rental/Mortgage _____

Electric _____

Water/Sewer _____

Natural Gas/Propane _____

City utility bill _____

Other (Please explain): _____

Note: Failure to include supporting documents will delay disbursement.

I hereby certify that the above statements are true and correct to the best of my knowledge.

Applicants Signature

Date