

**Quapaw Nation Coronavirus Relief Fund
Tribal Member Application - Payment #2
Application period ends 11/7/2020 (postmarked by 11/7/2020)
PLEASE PRINT LEGIBLY**

Name: _____ Date of Birth: _____

Mailing Address: _____

City, State, Zip Code _____

Phone #: _____

Email: _____

Roll #: _____

Please mark from the list of situations below all that apply to you as an impact related to the COVID-19 public health emergency:

- _____ You or a household member have been ill with COVID-19
- _____ You were temporarily furloughed or terminated from employment
- _____ Your health care expenses have increased
- _____ Your child care expenses have increased
- _____ Your grocery and/or food delivery expenses have increased
- _____ You incurred expenses related to at-home schooling
- _____ You incurred expenses related to working remotely
- _____ You had additional people living in your home, greater than your normal family members

Do you have children (under the age of 18) in your household that are tribal members? Yes _____ No _____
If yes, please provide the following information for each tribal child:

Name: _____ Date of Birth: _____

Roll #: _____

Name: _____ Date of Birth: _____

Roll #: _____

Name: _____ Date of Birth: _____

Roll #: _____

** Please add additional names on back if needed

I attest that the information provided above is true and accurate regarding the impact of the COVID-19 public health emergency.

Printed Name

Signature

Date

Submit by mail: Quapaw Nation
Attn: Quapaw COVID Fund
P.O. Box 765
Quapaw, OK 74363

Submit by email:
QuapawCOVID@quapawnation.com

<i>Office use only</i>
Approved by: _____