



American Rescue Plan (ARP) ECONOMIC RECOVERY ASSISTANCE APPLICATION

All questions *MUST BE ANSWERED* completely or application will be rejected as incomplete

1. Name _____ 2. Date of Birth _____ 3. Enrollment Number _____

4. Physical Address (Street, City, State, Zip Code) _____ 5. Mailing Address _____

6. Phone Number _____ 7. Email Address _____

8. If you physically reside on the Cheyenne River Reservation, do you know what **District you live in?** (*Select one answer*)
 _____ YES, I live in District # _____ (or) _____ NO, I do not know what District I live in (or) _____ N/A, I live off-reservation

9. If you physically reside on the Cheyenne River Reservation, **does your house have:** (*Answer each question below*)
 a. **Hot & Cold Running Water?** ___ Yes ___ No ∞ b. **Heat?** ___ Yes ___ No ∞ c. **Internet?** ___ Yes ___ No

10. (OPTIONAL) Is the **TOTAL INCOME in your household** lower than the amount shown in the table below for your household size?

NUMBER OF PEOPLE IN HOUSEHOLD											
1	2	3	4	5	6	7	8	9	10	11	12
\$63,420	\$72,480	\$81,540	\$90,600	\$97,848	\$105,096	\$112,344	\$119,592	\$126,840	\$134,088	\$141,336	\$148,584

_____ YES, our **household income is lower** than the amount listed for our household size.

_____ NO, our **household income is higher** than the amount listed for our household size.

11. Did you **experience unemployment** due to the COVID-19 pandemic?
 _____ YES, I was unemployed (or) _____ NO, I was not unemployed (or) _____ N/A I am not/was not employed

12. Did you **experience food insecurity** due to the COVID-19 pandemic? (ex: increased grocery prices, limited access to grocery stores or other food sources, a reduction in available food choices, or a reduction in healthy food choices)
 _____ YES, I experienced food insecurity (or) _____ NO, I did not experience food insecurity (or) _____ I'm not sure if I did

13. Did you **experience housing insecurity** due to the COVID-19 pandemic? (ex: housing costs took much of your income, poor housing quality, domestic violence in home, poor neighborhood safety, overcrowding, loss of housing, homelessness)
 _____ YES, I had housing insecurity (or) _____ NO, I did not have housing insecurity (or) _____ I'm not sure if I did

14. Do you or any person in your household currently **receive assistance** from any of the following **federal, state, or tribal programs?** (*Check all that apply.*) _____ NONE – Not receiving assistance from any of these programs.

- | | | |
|---|---|--|
| _____ FDPIR ("Commodities") | _____ TANF | _____ EITC - Earned Income Tax Credit |
| _____ LIHEAP | _____ SNAP (also known as Food Stamps) | _____ SSI - Supplemental Security Income |
| _____ WIC | _____ CHIP - Children's Health Insurance | _____ Pell Grant Program for Higher Education |
| _____ Head Start | _____ Medicaid | |
| _____ Child Nutrition Programs (Ex: Free or reduced school lunches and breakfast) | _____ Subsidized Housing thru Tribal, state, or county housing program (ex: Section 8, housing vouchers, or tax credit housing) | _____ BIA Direct Assistance (Ex: GA, Child Assistance, Custodial Care, other...) |

15. Indicate all the ways in which you and/or your household were **economically impacted by the COVID-19 pandemic** (*Check all that apply*):

- | | |
|---|---|
| <input type="checkbox"/> Increased rent or mortgage costs | <input type="checkbox"/> Child's school was closed or in remote learning for part of 2019-20 or 2020-2021 school year |
| <input type="checkbox"/> Difficulty making mortgage or rent payments due to lower income | <input type="checkbox"/> Increased expenses related to remote learning |
| <input type="checkbox"/> Increased expenses due to additional people in home (food, utilities, PPE, cleaning supplies, personal care items, etc...) | <input type="checkbox"/> Increased costs related to displacement from higher ed program or campus (ex: computer equip, broadband, security deposits, first & last month's rent) |
| <input type="checkbox"/> Moving expenses due to forced relocation | <input type="checkbox"/> Increased childcare expenses |
| <input type="checkbox"/> Increased expenses for home repairs and weatherization to make house a safe place to shelter during pandemic | <input type="checkbox"/> Increased expenses to comply with stay-at-home and quarantine orders (food, utilities, cleaning supplies, personal care items, etc...) |
| <input type="checkbox"/> Increased grocery expenses | <input type="checkbox"/> Increased expenses for sanitizing and PPE needs |
| <input type="checkbox"/> Reduced employment or unemployment | <input type="checkbox"/> Additional expenses or lost income due to prolonged COVID-19 illness |
| <input type="checkbox"/> Had to seek job training or re-training | <input type="checkbox"/> Increased costs associated with caring for household members with COVID-19 |
| <input type="checkbox"/> Increased expenses related to telework | <input type="checkbox"/> Burial expenses for COVID-19-related death of household member |
| <input type="checkbox"/> Increased transportation costs due to medical, educational, work, or childcare needs during pandemic | <input type="checkbox"/> Surviving spouse or dependent of someone who died from COVID-19 |
| <input type="checkbox"/> Loss or reduction of health insurance coverage or increased health insurance premiums | <input type="checkbox"/> Other (please describe): _____ |

16. 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 October 1, 2021, *and* who live in your household. You are required to provide confirmation that you have legal custody and authority to receive any minors' Economic Recovery Assistance payment by also submitting the form, "Parent-Guardian Agreement as ARP ERA Payment to Minor Children." (*See instructions*)

First Name	Middle	Last Name	DOB	Enrollment #

17. **Distribution of check(s).** (*Check one*)

- I will pick up my check, and the checks of any minors under my legal guardianship as described in Question 13, in person. If I cannot pick up the check(s) myself, I will designate and authorize someone to pick them up on my behalf. (If someone will be picking up your check(s), complete and return the "Authorization to Release ARP Economic Recovery Assistance Payment Check" form.)
- I want my check mailed to me at the "Mailing Address" listed in Question #5 above.

APPLICATION INSTRUCTIONS

General Instructions:

1. Applications for the CRST ARP Economic Recovery Assistance (“ERA”) payment program will be available beginning on Monday, July 12, 2021. Applications will be accepted and processed on a rolling basis until December 31, 2021. The Application window closes on December 31, 2021. No applications will be accepted after that date.
2. Applications may be submitted in person or by US Postal Service. If an application is submitted via US Postal Service, the application and all supporting documents must be notarized. If an application is submitted in person, the Applicant must show valid ID at the time of submission.
3. All questions must be answered in full, or the application will be rejected as incomplete. Detailed instructions for each question are included below. All applications are reviewed to ensure that the applicant meets the eligibility criteria for a CRST Economic Recovery Assistance payment.
4. If an applicant does not meet the eligibility criteria to receive an ERA payment, either because their tribal enrollment cannot be verified, or they have not indicated that they were negatively economically affected by the COVID-19 pandemic, or they fail to meet any other eligibility criteria, their application will be denied. There is no appeal process for denied applications.
5. The ERA Office will notify an applicant within 2 weeks of submission about whether their application meets the eligibility criteria for an ERA payment. If an application is approved, the ERA payment check(s) can either be picked up in person or sent to the recipient via US Postal Service. ACH, wire transfers, or other electronic payments are not being made.
6. The Tribe will retain all ERA Applications received as long as required to meet federal audit guidelines and as necessary to update the CRST Tribal Census. The Tribe will take steps to keep the financial information contained in Applications confidential, but the Tribe may be required to provide a copy of this application to the U.S. Treasury Department to demonstrate compliance with the ARP, FRF, and applicable regulations and guidelines. The Tribe will use the physical address of on-reservation members to update the decennial census, as required by CRST Tribal Court Order. In addition, the Tribe may use aggregated statistical data for the purposes of advocating for additional federal, state, and other funding and services for the Tribe and its members.

Questions or to submit your completed application:

CRST ARP Economic Recovery Assistance Office
24332 Highway 212, PO Box 590
Eagle Butte, SD 57625
Phone: 605-964-8388
Email: crstarpacoordinator@gmail.com

Question number	Instructions for completion
1	Applicant’s name as it appears on their CRST Enrollment Record. If current name is different than that listed on CRST enrollment records, Applicant needs to submit documentation that correlates the different names (marriage license, divorce decree, etc.....)
2	Applicant’s date of birth . This question is self-explanatory.
3	Applicant’s CRST Enrollment Number . If this number is not known, please contact the CRST Enrollment Office at (605) 964-6612 for assistance.
4	Applicant’s physical address . DO NOT enter a PO Box, HCR, or other mail delivery address. For residents of the Cheyenne River Sioux Reservation, this information will also be utilized to update the CRST Census.
5	Address where Applicant receives mail . If the Applicant requests their check to be mailed, this is the address where the check will be sent.
6	Applicant’s phone number , in case the ERA Office needs to contact you for additional information.
7	Applicant’s email address , in case the ERA Office needs to contact you for additional information.

8	For Reservation residents: If you know what District you currently live in , check “Yes” and enter your District number. If you do not know what your District is, please mark “No” For non-Reservation residents: Mark “N/A”
9	For Reservation residents: Indicate whether your home has running hot and cold water, heat, and internet access . This information will be kept confidential. All answers will be aggregated and the totals may be used for future funding requests or project planning by the Tribe.
10	Low-income and Moderate-income determination. This question is optional but, if you are low-income to moderate-income per the federal poverty guidelines, it will assist the Tribe in documenting that you are eligible for an ERA payment. Find your total household size in the table. If your adjusted gross income as reported on your most recent federal tax return is <i>lower</i> than the amount shown for your household size, check the box marked, “Yes.” If your adjusted gross income is <i>higher</i> than the amount shown in the table for your household size, check the box marked, “No.” If your income is lower than the amount shown for your household size, you and/or your household are presumed to be eligible for an ERA payment.
11	If you or any member of your household was unemployed during the COVID-19 pandemic, check “Yes.” If you were unemployed during the pandemic, check “No.” If you were not or are not employed outside of the home during the COVID-19 pandemic, check, “I am not/was not employed.” If you were unemployed during the COVID-19 pandemic, you and/or your household are presumed to be eligible for an ERA payment.
12	If you or any member of your household experienced food insecurity (see the examples listed on the Application) as a result of the COVID-19 pandemic, check “Yes.” If you did not experience food insecurity, check “No.” If you are not sure, or prefer not to disclose whether you experienced food insecurity, check “I’m not sure.” Individuals and their household members who experienced food insecurity as a result of the COVID-19 pandemic are presumed to be eligible for an ERA payment.
13	If you or any member of your household experienced housing insecurity (see the examples listed on the Application) as a result of the COVID-19 pandemic, check “Yes.” If you did not experience housing insecurity, check “No.” If you are not sure, or prefer not to disclose whether you experienced housing insecurity, check “I’m not sure.” Individuals and their household members who experienced housing insecurity as a result of the COVID-19 pandemic are presumed to be eligible for an ERA payment.
14	Mark the line next to all tribal, state, or federal programs from which you received assistance or otherwise participated in during or after the COVID-19 pandemic. Mark as many of the programs as apply. If you did not receive assistance from any of these programs, mark “None.”
15	Mark the line next to all descriptions of ways in which you and/or your household were economically impacted by the COVID-19 pandemic . Mark as many of the situations as apply.
16	List the names of all CRST-enrolled children under the age of 18 for whom you are applying for an ERA payment . The applicant must also complete and sign the ERA form “ Parent-Guardian Agreement as to ARP ERA Payment to Minor Children. ” The designation contained in that form will be relied upon by the Tribe and, by claiming or directing the payment of the ERA payment for any eligible minor children, the parents/legal guardians release the Tribe from any liability whatsoever that may arise related to the distribution of these funds
17	Indicate whether you want to pick up your check(s) or have them mailed . If you want to authorize someone else to pick up your check when it is ready, you will also need to complete and submit the ERA form, “ Authorization to Release ARP ERA Payment Check. ”
18	Application must be signed. Signature certifies, under penalty of law, that all the information submitted is correct and truthful. If the Applicant is not submitting the Application in person, the signature must be notarized. If an Application is submitted via US Postal Service without being notarized, it will be rejected.