



# PARENT/GUARDIAN AGREEMENT

# \_\_\_\_\_

AS TO

## ARP ERA PAYMENT

TO

## MINOR CHILD(REN)

**IF TWO PARENTS:  
COMPLETE THIS  
SECTION**

We, \_\_\_\_\_ and \_\_\_\_\_ are the parents of the minor child(ren) named below. There is no existing court order regarding custody of our child(ren). We agree that the adult who may apply for and, if eligible, receive the ERA payment for each child is as shown below:

**IF ONE PARENT  
ON BIRTH  
CERTIFICATE:  
COMPLETE THIS  
SECTION**

I, \_\_\_\_\_, am the sole parent of the minor children named below. There is no existing court order regarding custody of my children, and I am the only parent named on the birth certificate. I am the only person who is legally authorized to apply for my child(ren)'s ERA payment.

Check one:

My child(ren) reside with me in my household. (OR)

I agree that the adult who may apply for and, if eligible, receive the ERA payment for each child is as shown below:

**IF LEGAL  
GUARDIAN:  
COMPLETE THIS  
SECTION**

I, \_\_\_\_\_, am the legal guardian of the minor children named below. There is an existing court order regarding custody of these children that shows I am the legal guardian. I am the individual who is legally authorized to apply for these child(ren)'s ERA payment. These children currently reside with me.

CHILDREN'S NAME	DATE OF BIRTH	ENROLLMENT #	PERSON TO RECEIVE ERA PAYMENT

(attach additional sheets if necessary)

By signing below, we/I verify that the above information is correct, and we/I agree to the above-described designation of ERA payments for our/my child(ren). By claiming or directing the payment of the CRST ARP ERA payment for any of the above-listed minor children, we/I hereby release the Cheyenne River Sioux Tribe from any liability whatsoever that may arise related to the distribution of these funds.

Unless this Authorization is being submitted in person by the Applicant, **it must be signed and attached to a notarized Application.**

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date