



YUROK TRIBE

190 Klamath Boulevard • Post Office Box 1027 • Klamath, CA 95548



2021 YUROK COVID-19 CHILD ASSISTANCE PROGRAM APPLICATION

Legal Guardian (Printed)	Yurok Enrolled Children in Household # _____		Date of Application
Mailing Address:	Contact Number:		
Physical Address:	Contact Email:		
Yurok Enrolled Child (Printed)	Tribal Roll #	Date of Birth	Declaration: I certify that I am the legal guardian of the above-named listed children and they reside in my household.

PAYMENT: Checks are made out to the legal guardian for all enrolled Yurok children under their legal care.

DOCUMENTS: You may be required to show proof of legal custody if this is not on file with the Enrollment Department. Only completed and signed documents will be accepted.

A. I have experienced a negative economic impact as a result of the COVID-19 pandemic (check all that apply):

- ☐ I (or someone in my household) experienced unemployment or reduced hours during the pandemic
- ☐ I have a low or moderate income (\$75,000 or less for single person, \$150,000 for a married couple)
- ☐ I (or someone in my household) has experienced food or housing insecurity during the pandemic
- ☐ I (or someone in my household) is experiencing other negative economic impact due to COVID-19 (Please explain your extra costs such as increased health care, utility, childcare, or grocery costs or your lost income, etc.)

B. By signing below, I verify that the amount of negative economic impact I or my household have experienced as a result of COVID-19 is significant and proportional to the benefits I will receive.

I certify that the information provided on this application is true and correct to the best of my knowledge. Any false information will be grounds for legal action. By signing I also acknowledge that if my application is not complete, it will not be processed.

Sign: _____ Date: _____

- ☐ I would like to register to vote in tribal elections, please send me a voter registration form.
- ☐ Application deadline: **DECEMBER 31, 2021**

Please return to: enroll@yuroktribe.nsn.us or Mail to: Attn: Enrollment, P.O. Box 1027, Klamath, CA 95548