



# HOOPA VALLEY TRIBAL COUNCIL

Hoopa Valley Tribe

Post Office Box 1348 Hoopa, California 95546

PH (530) 625-4211 • FX (530) 625-4594

www.hoopa-nsn.gov



Chairman Byron Nelson, Jr.

## 2020 Hoopa Valley Tribe COVID-19 General Welfare Assistance Intake Form

This form will be used for Hoopa tribal internal use only.

This information contained on this form is not for distribution to any outside agency or entity.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enrollment No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Legal Dependent(s) Name: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

Name: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

Name: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

For additional Legal Dependents, please submit an additional sheet as an attachment.

I am experiencing genuine financial need as a result if the COVID-19 pandemic as follows (check all that apply):

_____	I (or someone in my household) became unemployed, had hours cut back, been furloughed, or put on unpaid leave due to COVID-19.
_____	I (or someone in my household) is unable to work or experiencing financial hardship due to no childcare school due to COVID-19.
_____	I (or someone in my household) is experiencing significantly increased medical cost or lost health insurance due to COVID-19.
_____	I (or someone in my household) is unable to work because my medical issues prevent me from returning to the office due to COVID-19 or needing to care for a person with COVID-19.
_____	I (or someone in my household) is experiencing financial hardship due to shelter in place orders or closures due to COVID-19.
_____	I (or someone in my household) is experiencing other financial hardship due to COVID-19 (Please explain). _____

I hereby accept this one-time receipt of COVID-19 assistance distribution, and I will use this assistance to supplement my basic expenses and needs due to the financial hardship as a result of COVID-19, such as paying for rent, utilities, mortgage payments, essential food and supplies, health care, funeral support, and cultural activities. By my signature below, I declare that all of the above statements are true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please be advised that this Assistance Intake Form must be completed and returned to [hvt.carrie.ames@gmail.com](mailto:hvt.carrie.ames@gmail.com) or mailed to Hoopa Valley Tribal Fiscal Department, P.O. Box 1348, Hoopa, CA 95546 to determine you or your Legal Dependents' eligibility for receipt of the 2020 Hoopa Valley Tribe COVID-19 Assistance Distribution.