



COVID-19 YOUTH MEMBER ASSISTANCE

Application Form

The COVID-19 Youth Member Assistance Program is designed to provide emergency financial assistance to enrolled Mashpee Wampanoag Youth Tribal Members, aged 17 years and under, whose families have experienced economic hardships due to the effect of the COVID-19 pandemic. Funding of this program is in accordance with the federal CARES Act Relief Fund and is non-taxable as a Tribal general welfare assistance program and federal disaster relief. Please refer to the Tribe’s COVID-19 Assistance Program for details on eligibility and use of this assistance. The Assistance payment is \$500 for each tribal member youth to the custodial parent or legal guardian to cover the period March 1, 2020 through December 30, 2020. This Application shall be maintained as a confidential record of the Mashpee Wampanoag Tribe and will not be disclosed without the written consent of the Applicant, except to the extent that disclosure is required pursuant to the CARES Act.

**APPLICATION DEADLINE:
MUST BE RECEIVED NO LATER THAN 5:00 PM ET MARCH 30, 2021**

Email Application or Questions to: MWTCARES@mwtribe-nsn.gov

PART 1 – APPLICANT INFORMATION

Applicant Name _____ DOB _____

Tribal Enrollment No _____ Contact Phone No _____

Email _____ Mailing Address _____

City _____ State _____ Zip Code _____

Physical Address _____ City _____
(if different than mailing)

State _____ Zip Code _____ Number in Household _____

Youth Tribal members

NAME	Relation	DOB	Tribal No.	School/Grade



Youth Tribal members

NAME	Relation	DOB	Tribal No.	School/Grade

If legal guardian or custodial parent, please provide proof of legal guardianship or custody.

PART 2 – ECONOMIC NEED

Since March 1, 2020, I have experienced the following (check any or all that apply) economic impacts due to the COVID-19 Pandemic, that has impacted my ability to provide needed support for the tribal member children in this application:

Increased utility costs

Increased food costs

Increased household cleaning costs

Increased costs for distance learning for school, including associated child care costs

Increased personal care costs, e.g., protective masks and measures

Transportation costs for medical care, testing and procedures

Housing increase, rent, foreclosure, or eviction

Other unanticipated costs for children due to COVID-19 as described below:

Increased health care costs, unreimbursed prescription, supplements, counseling

Increased costs for isolation or quarantine due to positive test or COVID-19 exposure



PART 3 – CERTIFICATION

I certify that I have been directly impacted by the COVID-19 pandemic, that has caused economic distress to support the children in this application, and that I will use any funds I receive from the Tribe’s COVID-19 Assistance Program solely to address the COVID-19 related expenses I identified in Part 2 above, and I will not duplicate costs from other COVID-19 CARES funds I may have received from the Tribe. I certify that I meet the Youth Tribal Member COVID-19 Assistance Program requirements, and the information contained herein is true and correct to the best of my knowledge. I agree that if I do not use these funds in compliance with the Tribe’s COVID-19 Assistance Program, I will repay any unused funds to the Mashpee Wampanoag Tribe.

Applicant Signature _____ Date ___/___/___

✓ Note if:

Legal Guardian

Custodial Parent

OFFICIAL USE

Date Received ___/___/___ Enrollment(s) Verified _____ Date ___/___/___

Certification Verified _____ Date ___/___/___

Total Amount of Youth Payment: \$ _____