



Northern Cheyenne Tribe

2022 AMERICAN RESOURCE PLAN ACT ASSISTANCE PROGRAM



2022

Northern Cheyenne Tribe
ARPA Application

All Northern Cheyenne tribal members are eligible for this one-time assistance based on need. ALL applications will be verified and ALL checks will be MAILED - no exceptions.

DEADLINE TO APPLY: OCTOBER 31, 2022 AT 5:00 P.M.

Completed applications must be emailed by 11:59pm Mountain standard time, postmarked no later than October 31, 2022 or dropped off at the Little Wolf Capitol Building no later than 5:00pm on Monday, October 31, 2022.

HOW TO SUBMIT THIS APPLICATION:

- **Mail to: P.O. Box 128 Lame Deer, Montana 59043**
- **E-Mail to: arpa@cheyennation.com**
- **Drop Off Site: Little Wolf Capitol Building
600 Cheyenne Avenue Lame Deer, MT 59043**

HOW TO FILL OUT APPLICATION:

- Each tribal member (Adult and Children) must be included on this application. Applications for minors must be completed by custodial parent or legal guardian. (Minors (17 years & younger) can **not** submit an application for themselves).
- When completing the application the custodial parent or legal guardian (enrolled member or non enrolled member (ex. foster parents) will complete PAGE (2) two with their information only. (Custodial parent or legal guardian (enrolled member or non enrolled member (ex. foster parents) will only put name on the application **once**. PAGE (3) three is for **MINORS ONLY.**

FACTS OR IMPORTANT THINGS TO KNOW ABOUT ARPA APPLICATION:

- Question: Where can I pick up and drop off my application?
 - 600 Cheyenne Avenue, Little Wolf Capitol Building, Lame Deer, Montana 59043
- Question: What happens after my application has been submitted?
 - Applications will be verified by the ARPA team, enrollment and finance. ALL CHECKS WILL BE MAILED, NO EXCEPTIONS.
- Question: What if i don't have my enrollment number?
 - Contact the Northern Cheyenne Enrollment Office by calling (406) 477 - 4841 or email: wallace@cheyennation.com



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ARPA Application

Please fill out application completely. Application must be completed by the custodial parent or legal guardian (enrolled member or non enrolled member (ex. foster parents) will complete PAGE (2) two (this page) with their information only.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	MIDDLE	LAST	SUFFIX

Date Of Birth: Age: Last 4 Digits of Social Security #:

NORTHERN CHEYENNE TRIBAL ENROLLMENT NUMBER: (IF APPLICABLE (EX. NON ENROLLED CUSTODIAL PARENT)) 207-U

Mailing Address (where check will be mailed) City State Zip Code

PHONE NUMBER: (IF THERE ARE QUESTIONS ON YOUR APPLICATION THIS NUMBER WILL BE USED TO CONTACT YOU)

E-Mail Address

Covid-19 Vaccination Status: Fully Vaccinated Partially Vaccinated Not Vaccinated Booster

WHAT ARE YOUR COVID-19 RELATED NEEDS? PLEASE CHECK ALL THAT APPLY.

<input type="checkbox"/> Housing Rent/Mortgage	<input type="checkbox"/> Mental Health Care	<input type="checkbox"/> Employment	<input type="checkbox"/> Insurance
<input type="checkbox"/> Vehicle Payment	<input type="checkbox"/> Medical Equipment	<input type="checkbox"/> Student Loan	<input type="checkbox"/> Clothing
<input type="checkbox"/> Utilities	<input type="checkbox"/> Groceries	<input type="checkbox"/> Child Care	<input type="checkbox"/> Covid-19 Death Expenses
<input type="checkbox"/> Medication	<input type="checkbox"/> Household Items	<input type="checkbox"/> Education	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fuel Gasoline/Diesel	<input type="checkbox"/> Heating Propane\Wood	<input type="checkbox"/> Purchase of PPE	<input type="checkbox"/> Other: _____

HOW DOES THE COVID-19 PANDEMIC AFFECT YOU FINANCIALLY? PLEASE EXPLAIN:

AGREEMENT AND SIGNATURE:

By my signature below, I attest that the information provided in this application is true and correct and I am an enrolled member of the Northern Cheyenne Tribe, or I am the guardian or foster parent of the Northern Cheyenne tribally enrolled child I am applying for. I understand this is not a per capita or stimulus payment as is subject to certification of my specified financial need. This application is submitted under pains and penalties of perjury and other punishments under the law, and any amounts found to be disbursed based on fraudulent information shall be recouped by the Tribe, and may jeopardize future ARAP benefits. I understand that this assistance is provided under ARPA Assistance Program, and will not be subject to federal income tax.

Signature Date

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS SPACE

DATE APPLICATION RECEIVED DATE APPLICATION VERIFIED APPLICANT APPROVED AMOUNT \$

DENIED DENIED REASON: _____ **PAGE 2**



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Northern Cheyenne Tribal Member Information MINORS ONLY Listed on this page (PAGE 3)

FIRST NAME MIDDLE LAST SUFFIX

Date Of Birth: Age: Last 4 Digits of Social Security #:

NORTHERN CHEYENNE TRIBAL ENROLLMENT NUMBER: 207-U

FIRST NAME MIDDLE LAST SUFFIX

Date Of Birth: Age: Last 4 Digits of Social Security #:

NORTHERN CHEYENNE TRIBAL ENROLLMENT NUMBER: 207-U

FIRST NAME MIDDLE LAST SUFFIX

Date Of Birth: Age: Last 4 Digits of Social Security #:

NORTHERN CHEYENNE TRIBAL ENROLLMENT NUMBER: 207-U

FIRST NAME MIDDLE LAST SUFFIX

Date Of Birth: Age: Last 4 Digits of Social Security #:

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